DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
TO HOSPITAL CONTENDING PHYSICIAN. The low requires that the death certifical be executed within all liquin after decorded a may be retained by the hospital an ottending physician.	126
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and earn willing. In the serial director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonopart. Prince I may also also defended for use as the burial-transit permit in burial, cremation, or removal.	jd
IMPORTAKIT; If Hem 21 is marked or Hem 18 shows ony injury, ar other troumotic event, He medical respectively and the market or the configuration of the con	9

		REGISTRAR CUMBER CEASED NAME OR PRINT)	151	WIDDEE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
		IRE		FRANCES	ABBOTT	APRIL 30, 1985		6:30 M
	3 SE		4 RACE		5. DATE OF BIRTH MONTH DAY YEAR 1.000	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN
4		Female RTHPLACE ISTATE OR FOREK	Whi	Lte N OF WHAT COUNTRY?	Nov. 9 1908	9 BALTIMORE CITY OR COUNTY	Y OF DEATH	
5		arvland		USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	ALLEGANY COUN	VTY	MD
Z	Cı	imberland	(IF NO	SACRED HEAR	T HOSPITAL	17g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI HOUSEWITE	126 KIND (INDUSTRY HOM	e e
4	130. S Maj	cyland A	county	13c. CITY OR TOW	land 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD 1203 Kentucky	y Ave.	21502
	14 FA	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	MIDDLE	Math	SI or less
4		VAS DECEASED EVER IN U		CES? 166 SOCIAL SECU		Matilda Harrisburg	Matti	
1		VES NO OR UNKNOWN) (IF	YES, GIVE WAR OR DA	214-05-	-6288 David Abbo	tt 8024 Manada		
		18 CAUSE OF DEATH (E	nter anly ane cau	use per line for rail, the an	Dies VI	lita x-	APPROX BETWEEN	ONSET AND DEATH
-1			MEDIATE CAUSE	10) /10 0/10	ons oused re	estrocyte	12	month
			DUE	TO OR AS A CONSEQUE				
		Canditions if any wh			ENCE OF			
1		Canditions, if ony, wh gave rise to immedia cause (0), stating underlying cause lo	ich ote DUE	(b)TO, OR AS A CONSEQUE				
	NOI	gave rise to immedia cause (a), stating underlying cause la	ich ote bost DUE	(b)TO, OR AS A CONSEQUE		AINAL DISEASE OR CONDITION GIV	VEN IN PART 1	o
9	TIFICATION	gave rise to immedia cause (a), stating underlying cause la	ich ofte the ost DUE	(b) TO. OR AS A CONSEQUE (c) ONS CONTRIBUTING TO D BREAT PUR	ence of	200 AUTOPSY? 206. IF YE IN CERTI	S, WERE FINDI	NGS USED
7	CAL CERTIFICATION	gave rise to immedia cause to), stating underlying cause to	ANT CONDITION ANT CO	(b) TO. OR AS A CONSEQUE (c) ONS CONTRIBUTING TO D BREAT PUR	DEATH BUT NOT RELATED TO THE TERM T Chemis R, 7 45 OPERATION WAS PERFORMED AY YEAR 19	200 AUTOPSY? 206. IF YE IN CERTI	S, WERE FINDI FYING CAUSES ES []	NGS USED S OF DEATH?
9		gave rise to immedia cause (o), stating underlying cause le PART 2 OTHER SIGNIFIC CULTURE PRATION 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE	CANT CONDITION ANT C	TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE TO SCONTRIBUTING TO I TO SCONDITION FOR WHICH TIME OF INJURY UR A.M. MONTH D.	DEATH BUT NOT RELATED TO THE TERM TONE OPERATION WAS PERFORMED 211. HOW INJURY OCCUR 19	200 AUTOPSY? 20b. IF YE IN CERTI	S, WERE FINDI FYING CAUSES ES []	NGS USED S OF DEATH?
9	¥	gave rise to immedia cause (o), stating underlying cause le PART 2 OTHER SIGNIFIC CULTURE 199 DATE OF OPERATION 199 DATE OF OPERATION CONTRIBUTING CAUSE (IF ETHER NOTHY MEDICALE) 21d INJURY OCCURRED WHILE AT WORK NOTW 120.1 (this state) 120.1 (certify that (I)) (this 22e.1 certify that (I)) (this 22e.1 certify that (I))	ANT CONDITION ANT CONDITION ING 21b. T HO AMINER) 21e P AT HO AND	TO, OR AS A CONSEQUE (c) ONS CONTRIBUTING TO I BREAT PIB CONDITION FOR WHICH TIME OF INJURY UR A.M. MONTH D. PLACE OF INJURY OME STREET, FACTORY, OFFICE, F. ded the deceosed from	DEATH BUT NOT RELATED TO THE TERM TONE OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET 19 19	200 AUTOPSY? 206. IF YE IN CERTI YES NO YES NO HE TERMATURE OF INJURY IN ITEM 18	S, WERE FINDI FYING CAUSES ES PART I OR PART 2)	NGS USED 5 OF DEATH? NO STATE
9	¥	gave rise to immedia couse lol, stating underlying couse lot punderlying DATE OF OPERATION 218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTHY MEDICAL E) 21d INJURY OCCURRED WHILE AT WORK AT WORK 228.1 certify that (1) (this sow the deceosed of obove, (1) (we) (did) (ANT CONDITION ANT CO	TO, OR AS A CONSEQUE (c) DNS CONTRIBUTING TO I CONDITION FOR WHICH TIME OF INJURY UR A.M. MONTH D. P.M. PLACE OF INJURY OME STREET, FACTORY, OFFICE, F ded the deceosed from 19	DEATH BUT NOT RELATED TO THE TERM TONEMAN 7 45 OPERATION WAS PERFORMED AY YEAR 19 21t. HOW INJURY OCCUR STREET , 19 , ond that in (my) (our) apinion	200 AUTOPSY? 206. IF YE IN CERTIN YES NO YES NO YES NO YES TO THE TEN	S, WERE FIND II FYING CAUSES ES TO THE PART 1 OR PART 2) COUNTY 19 ur and from the	NGS USED S OF DEATH? NO STATE that (I) (we) lase couses stated
9	¥	gave rise to immedia cause (o), stating underlying cause le part 2 OTHER SIGNIFIC CAUSE (IF ETHER NOTIFI MEDICAL E) 21d. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF ETHER NOTIFI MEDICAL E) 21d INJURY OCCURRED WHILE AT WORK NOTIFI MEDICAL E) 22d. I certify that (I) (this sow the deceased of	ANT CONDITION ANT CO	TO, OR AS A CONSEQUE (c) DNS CONTRIBUTING TO I CONDITION FOR WHICH TIME OF INJURY UR A.M. MONTH D. P.M. PLACE OF INJURY OME STREET, FACTORY, OFFICE, F ded the deceosed from 19	DEATH BUT NOT RELATED TO THE TERM TONE OF THE TERM OPERATION WAS PERFORMED AY YEAR 19 21f LOCATION STREET 19 0 ond that in (my) (our) apinion DEGREE ATTENDING	200 AUTOPSY? 20b. IF YE IN CERTI YES NO YES	S, WERE FIND II FYING CAUSES ES TO THE PART 1 OR PART 2) COUNTY 19 ur and from the	NGS USED S OF DEATH? NO STATE
9	¥	gave rise to immedia couse lol, stating underlying couse lot punderlying DATE OF OPERATION 218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTHY MEDICAL E) 21d INJURY OCCURRED WHILE AT WORK AT WORK 228.1 certify that (1) (this sow the deceosed of obove, (1) (we) (did) (ANT CONDITION ANT CO	TO, OR AS A CONSEQUE (c) DNS CONTRIBUTING TO I CONDITION FOR WHICH TIME OF INJURY UR A.M. MONTH D. P.M. PLACE OF INJURY OME STREET, FACTORY, OFFICE, F ded the deceosed from 19	DEATH BUT NOT RELATED TO THE TERM TONE OPERATION WAS PERFORMED AY YEAR 19 211. HOW INJURY OCCUR STREET , 19 , ond that in (my) (our) apinion DEGREE	200 AUTOPSY? 206. IF YE IN CERTIN YES NO NO NOTION 18 CITY OR TOWN TO death accurred on the date and how	S, WERE FIND II FYING CAUSES ES TO THE PART 1 OR PART 2) COUNTY 19 ur and from the	NGS USED 5 OF DEATH? NO STATE that (I) (we) last couses stated
7	¥	gove rise to immedia couse (c), stating underlying couse le PART 2 OTHER SIGNIFIC CLUCUM 199 DATE OF OPERATION 199 DATE OF OPERATION (IF ETHER NOTHY MEDICALE) 21d INJURY OCCURRED WHILE AT WORK NOTWING ALONG SOW the deceosed of obove, (1) (we) (did) (1) 127 DATE OF THE NOTWING SOW the deceosed of obove, (1) (we) (did) (1) 127 DATE OF THE NOTWING SOW THE DECEOSED OF THE NOTWING SOW	ANT CONDITION ANT CO	TO, OR AS A CONSEQUE (c) DNS CONTRIBUTING TO I CONDITION FOR WHICH TIME OF INJURY UR A.M. MONTH D. P.M. PLACE OF INJURY OME STREET, FACTORY, OFFICE, F ded the deceosed from 19	DEATH BUT NOT RELATED TO THE TERM TONE TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 21t LOCATION STREET DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? 200 IF YE IN CERTIN YES NO TOWN CITY OR TOWN CITY OR TOWN death accurred on the date and how MEDICAL STAFF DIRECTOR PHYSICIAN TOWN TON DR., CUMBERL	S, WERE FINDING CAUSES ES COUNTY COUNTY 19 220. DATE	NGS USED 5 OF DEATH? NO STATE that (I) (we) last clauses stated E SIGNED
9	WEDICAL MEDICAL	gave rise to immedia couse lot, stating underlying couse lot punderlying couse lot	ANT CONDITION ANT CO	TO, OR AS A CONSEQUE (c) (d) (d) (e) (e) (e) (f) (f) (f) (g) (g) (g) (g) (g	DEATH BUT NOT RELATED TO THE TERM TONE OF THE TERM OPERATION WAS PERFORMED AY YEAR 19 21t. HOW INJURY OCCUR STREET , 19 , ond that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS D. BMG, 912 SE NAME OF CEMETERY OR CREMATORY	200 AUTOPSY? 200 IF YE IN CERTIL YES NO YES NO HE CERTIL CITY OR TOWN CITY OR TOWN TO HE DICAL STAFF DIRECTOR PHYSICIAN HE TON DR., CUMBERL 1234 LOCATION	S, WERE FIND INFYING CAUSES ES COUNTY 19 220. DATE AND, MD	NGS USED S OF DEATH? NO STATE that (I) (we) last causes stated SIGNED 2-80
	WEDICAL MEDICAL	gove rise to immedia couse (01, stating underlying couse le PART 2 OTHER SIGNIFIC CUCCUNO 1990 DATE OF OPERATION 1990 DATE OF OPERATION 2116. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (16 EITHER NOTHY MEDICALE) 2116 INJURY OCCURRED AT WORK AT WO	ANT CONDITION ANT CO	TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE	DEATH BUT NOT RELATED TO THE TERM TONEMAN 7 95 OPERATION WAS PERFORMED AY YEAR 19 21d. HOW INJURY OCCUR AT YEAR 19 21d LOCATION STREET , 19 . ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 27e ADDRESS D. BMG, 912 SE NAME OF CEMETERY OR CREMATORY Sunset Memorial	200 AUTOPSY? 200 IF YE IN CERTIN YES NO	S, WERE FINDING CAUSES ES TO COUNTY 19 27. DATE 27. DATE AND, MD COUNTY Alleg	NGS USED S OF DEATH? NO STATE that (I) (we) lost couses stoted SIGNED 2-85 21502 rany Md

- ALTERNACION NAVAGE TRE

BUCENE W. ANTONOCOS, N.D. BEG. SIZ SITCH DR., GLENGELAND. MD. 21502

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE REGISTRAR

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

1. DEC	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(TYPE	ORPRINT)	11/	Aprila	App:1 21	1985 653 AM
3. SEX	OPUDAS	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOM)	IF UNDER 1 YEAR IF UNDER 24 HRS
J. OL.	F-and	White	MONTH DAY VEAR	- 90	MONTHS DAYS HOURS MIN.
Zn Bi	RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY	JAN. 12, 1895	9. BALTIMORE CITY OR COUN	
- 1	POUNTRY)	11 5 A	MARRIED LI NEVER MARRIED	- Aucon	111
10. CI	ITY OR TOWN OF DEATH 11.	NAME OF HOSPITAL NURS	ING HOME OF OTHER INSTITUTION	12a USUAL OCCUPATION	126, KIND OF BUSINESS OR
7	THE OR IN OF BEATH		ET ADDRESS (UMBERLAN)		
U	MBERLAND W	URSING Y CAN	VALESCENT CENTE	ER IEHCHER	ac HOOC
	AL RESIDENCE (IF NURSING HOME OR OTH STATE 136 COUNTY	ter institution, give residence befo 13c. CITY OR TO		S? 13e. STREET ADDRESS	1 710
YA	KYLAND ALLE	GANY FROST	BURG YES NO [100 HONEYSU	CKLELANE 2133
14 FA	ATMER'S NAME FIRST MIDI	DLE LAST	15 MOTHER'S MAIDEN	NAME	LAST.
	SILAS W	. Duce,	AN CARO	LINE G	RIFFITH.
	VAS DECEASED EVER IN U.S. ARME		CURITY NO. 17. INFORMANT	ADDRESS	. / .
(YES, NO OR LINKNOWN) (IF YES, GIVE W	2/2-31	4-7314 JOSEPH	WARNER CHA	ROLETTE N.C.
	18. CAUSE OF DEATH (Enter only o	one couse per line for (a), (b), (and (c).)	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED B	N: 0 - 011	momia		
	IMMEDIATE	A001 107			
	Conditions, if any, which	DUE TO, OR AS A CONSEQ	State Brass	+ cancer	
	gave rise to immediate				
	couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEO	11-04	celluno.	
	PART 2 OTHER SIGNIFICANT COI		DEATH BUT NOT PELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1101
Z	PART 2 OTTER SIGNIFICANT COL	Commons Contraction	A . /	m disease	
ATIC	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
FIC				YES IN NOTE	RTIFYING CAUSES OF DEATH?
CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN 11EM	
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR		
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 21f. LOCATION		
ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
	AT WORK				
	22a. I certify that (I) (this haspital)			nian death occurred on the date and	, 19, that (I) (we) last
	sow the deceased alive on abave, (I) (we) (did) (did not) v	new the body after death.		man death accorred on the date and	
	226. SIGNATURE	Ag -	DEGREE	IG /MEDICAL STAFF	22c. DATE SIGNED
	11	1/ W	PHYSICIA		9-4-00
	224 PHYSICIAN'S NAME ITH OWN	644	22e. ADDRESS	1. 21 01 2	1 Rexonande
	SUSANF.	SUNUMPAZ,	MADS FROSTA	SURG PUTTY	4, 12001/20119
23e.	BURIM, CREMATION, REMOVAL	23h DATE 23	NAME OF CEMETERY OR CREMATO	ORY 23d LOCATION	COLINEY STATE
1	BURIAL X	TRR. 23 1985 1	ROSTRURG MEND	ARK FROSTBURG	MAXVLAND
24. F	UNERAL DIRECTOR	1	250	DATE REC'D, BY REGISTRAR 256 REC	STRAR'S SUCHATURE
7	DURST FINERA	Hime FOR	ITENO MINK	45 1900 gulle Da	don't large !

FUNERAL HIME, FROSTBURG MB

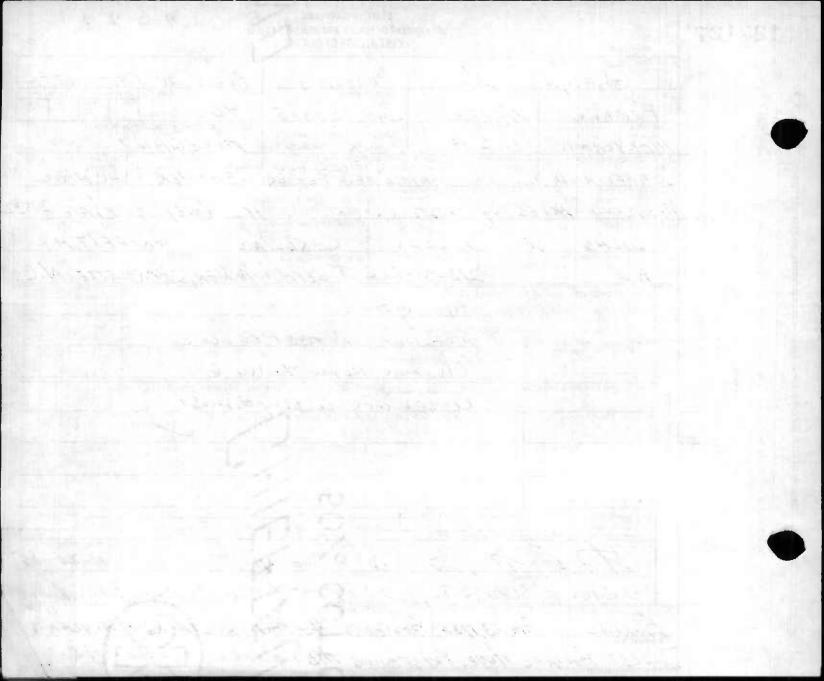
DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

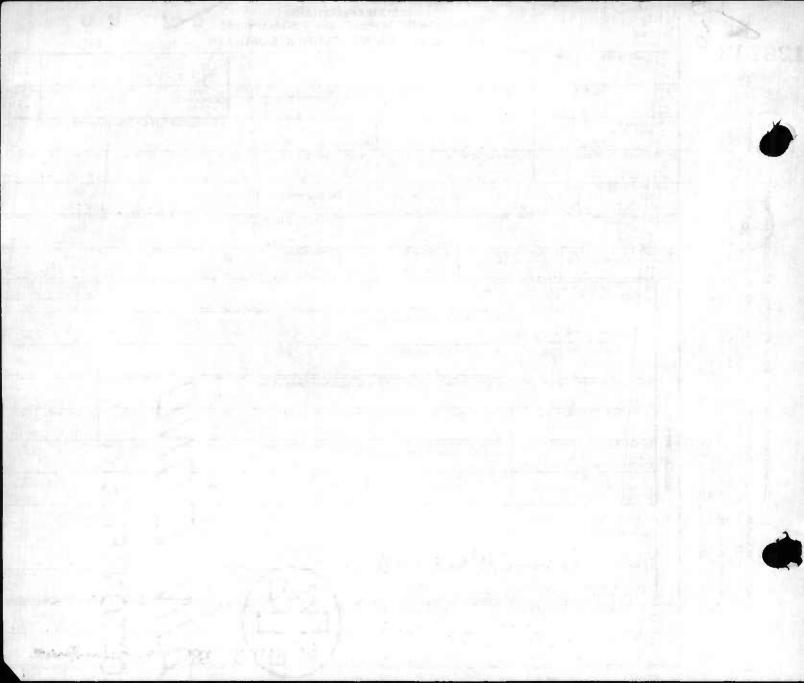
etoined by the hospital or ottending physicion.

injury, or other troumotic event, th

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony



6]-	FOR STATE REGISTRAR				MENT OF	REALTH		ENTAL HY		0 9 .	/ 0	0	
126142	I DE	CEASED NAME	FIRST	7716	WIDDLE			AST	CAILOI	2a. DA	REG. N		AY YEAR	2b HOUF
SS.S.S.S.	(TYP	E OR PRINT)	WARRE	EN FRE	DERI	CK	Bl	ECK		0	TH MATED		1985	1:16
ELAY IS NECESSARY, PLEASE OTHE FUNERAL DIRECTOR. PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72 HOURS SSYROI W PRESTON STREET,	3 SEX		RACE White	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA	RS IF UNI	DER 1 YR.	IF UNDER 24	IN PRONC	ATE DUNCED EAD	4/30	85	3:0
AL DAY YOUR STORY	7a. 81	RTHPLACE ISTAT		Aug. 29,	1897	87 YR	8			- 2 BAL	TIMORE CITY	OR COUNTY C	19	PN
SPAN SPAN SPAN SPAN SPAN SPAN SPAN SPAN		enns yeval	nia	u.s.	Α.		WIDOWI		VER MARRIED DIVORCED	_	Ulegani	<u> </u>		ME
NY IS N THE FA AGE 5 FILED,		TY OR TOWN OF		11. NAME OF HOS		RSING HOME	OR OTHE	R INSTITU	TION 12	FOR MOST OF	CUPATION (TY	PE OF WORK 12b	OR INDUSTR	SINESS
PA PA		mberlan		829 Bro	iddock	Road				Conduc	tor	B	& 0 Ra	ilroa
# # # # B # B # B # B # B # B # B # B #	13n. S	al residence (# TATE Vryland	13b COUN	DROTHER INSTITUTION, GI ITY 2001	13c. CITY	or town		13d INSIDE (ITY LIMITS? 13	STREET AD	oress raddock	Rd. /	21502	
(8 No. 1)	14. F/	ATHER'S NAME	-	WIDDLE		LAST		15. MOTHE	R'S MAIDEN		WIDDLE		LAST	
36950		Warren		Elwood	I	Beck_		Co	ordie			K	oontz	
SE PAN IN		VAS DECEASED E ES, NO, OR UNKNOW!	(IF YES, GIVE	WAR OR DATES)		TAL SECURITY		17. INFORA			ADDRES	S		
BALTIN JRS ATTE B. GIVE P. WITH PACES DIVISION		Yes	W.W.			09-571	0	Helei	n E. Be	ck-Ado	tress so	ume as i	#13 abo	
TS OF OF S		18 CAUSE OF I PART I DE AT	TH WAS CAUSE), ond (c).) !OSCLER	OTTO	UE AT	OT DICE	ACT			APPROXIMATE BETWEEN ONSET	AND DEATH
PRESTON ST ITHIN 24 HOL CIL IN ITEM 11 NER ALONG NER ALONG AL HYGIERK, REMOVAL.			IMMEDIA	IL CHOOL (G)		ISEQUENCE (ПЕА	RT DISE	ASE		+		
WITHIN NCIL IN NCIL IN INER A REANSIT REMO			if any, which											
W WENT W		couse (a) st	to immediate ating the <u>under</u>		AS A CON	ISEQUENCE ()F							
XECUTED NG" IN P. BURIAL-AND ME.		lying cause	lost.	(c)										
L RECORDS, 201 ULD BE EXECUTED "PENDING" IN 1 FF MEDICAL EXA FF ME	NO	PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	NAL DISEASE	OR CONDITIO	N GIVEN IN PART I	(0)				
HOULD HOULD HIEF A HIEF A OF HEF A OF HEF A	CERTIFICATION	19a DATE OF O	PERATION	19b. CONDI	TION FOR	WHICH OPER	ATION W	AS PERFOR	MED?			2	AUTOPSY?	
FVITAL B E SHOUL WORD "P E CHIEF BE USED BUT HE	E												YES 🗌	NO K
DIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTED RITING THE WOOD "PENDING" IN P RDED TO THE CHIEF MEDICAL EXA R3 SHOULD BE USED AS A BURRAL. E DEPARTMENT OF HEALTH AND ME OI PRIOR TO BURIAL, CREMATION,			OR CAUSE OF		I. MONTH	19	žle. HO	W INJURY	OCCURRED	ENTER NATURE C	OF INJURY IN ITEM 18	PART 1 OR PART 2)		
ZAAAKE	MEDICAL		CURRED NOT WHILE [AT WORK	21e PLACE (OF INJURY TORY, FARM, E		21f LOC	ATION		СЛУ О	RTOWN	COUNTY		STATE
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFEE DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		22a I certify death resulted		ge of the remains des	Accident		Autops	y . Homic	Inspection X	Undetermined		nd in my opinio	n	
L EXA DULD FOULD H, WITH, WITH		ACTUAL SIGNATURE	lia	· My	0.4	oun.	44	Der Der	outy	_MEDICAL F)	/ 4 4 4 M IST	DATE 4	/30/198	35
MEDICA CLUTE THE CLOSE SHE RECEASION OF THE CLOSE SHE CLOSE SHE CL		EXAMINER'S NA	AME Giov	anni Mast	range	20	M.				e, Cumb			
TO A EXEC	23a.B	URIAL, CREMATIO				NAME OF CEA				23d. LOCATIO				
вР	Bu	irial		5-3-85		0.0.F.				ROCKWI	OOD	COUNTY	PA.	
DHMH - 17	24 F	UNERAL DIRECTO		z-Upchurch						D. BY REGIS	TRAR 256 REG		NATURE	
(VR A15 ME (5)) 20M 4/82	20		e Stree	t-Cumberlo	and, 1	vid. 21	502		MAY	3 19	85	ia Davidson	n-Mande	de



TTENDING PHYSICIAN.

TO HOSPITAL ATT

BP.

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HOGIENES

$\hat{\mathbf{n}}$	9	1	Ω	
63		-	12	

	' '	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO).			
4	1 DEC	CEASED NAME FIRST		MIDDLE	L	AST		MONTH DA	AY YEAR	26 HOU	R
1	{TYPE	MAri	e	T	Benne	ett	4/02/	85		1:2	5am _M
1	3 SEX	X	4 RACE		5 DATE C		& AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	# UNDER	
1	2	female	whi	te	6/	°1′2/ `6′5	79	YRS.	ONTHS DAYS	HOURS	MIN
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	I.	D NEVER MARRIED	9 BALTIMORE CITY O	COUNTY	OF DEATH		
2	((Maryland	U	SA	WIDOWE		Allega	ny Co			MD.
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	NC	12h KIND C	F BUSINE	SSOR
	9	Frostburg, MD	Fros	tburg Con	imun i t	y Hospital	Homemake	r	Own I	Iome	
		AL RESIDENCE (IF NUISING HOME OF		GIVE BESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13s STREET ADDRESS				
)	Ma	rvland Alle	gany	Frostb		YES NO	100 Honey	suck.	le Lar	10,	2153
2	J4 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAS	ī	
6		Walter		Chaney		Alice			nitema	an	
		VAS DECÉASED ÉVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE		Bower		t.
		No		212 0)1 980	6 Walter Sc	onnenberg,	Fros	stburg	5, M	d.
1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per	line far (g), (b), an	d içili				APPROX SETWEEN	MATE INTEL	DEATH
			ED BY TE CAUSE (a)	SHOCK	K						
				R AS A CONSEQUE	ENCE OF						
		Canditians, if any, which	((b)_	LPPER	GAS	TROINTESTIN	AL BLEET	JING-	7		
		gave rise to immediate cause to stating the	DUE TO. O	R AS A CONSEQUE			SE, Hypor			,	
		underlying cause last	(c)_	PEPTIC	UL	BER VISEA	SE, HYPOF	ROTHA	sobine	MIA	
		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	aı ,	
	CERTIFICATION	BILATERA	1/0	2UMONI,		THP/EURAL BF					
1	ICA	190 DATE OF OPERATION	IN COND	ITION FOR WHICH	OPÉRATIO	N WAS PERFORMED	20a AUTÓPSY?		WERE FINDING		
	RTIF						YES NO	YES		NO []
1		218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		OF INJURY .M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAI	RT 1 OR PART 2]		
	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P	M	19						
	MEDICAL	214 INJURY OCCURRED		OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC	211 LOCATION STREET	CITY OF TOW	rN.	COUNTY	SI	TATE
	1	AT WORK AT WORK					****				
		22a I certify that (I) (this hasp	attended th	e deceased fram_	MAR	, 17	to APRIL	1		that (1) (,
		saw the deceased alive ar above, (I) (we) (did) (did no	t) view the bady	after death.		nd that in (my) (aur) apinian o	death occurred an the do	te and haur			ated
		27b SIGNATURE			11	DEGREE ATTENDING .	MEDICAL _ STAF	F	22c. DATE	SIGNED	
		S.Ch	eng		pe.	PHYSICIAN E	DIRECTOR PHYSIC				
		224 PHYSICIAN'S NAME (TYPE C	U			22a ADDRESS					
		Dr. S Chang					a, Frostbur	g, Md	21532		
	23a B	BURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY		ATE
		Burial	Apr.	1,1985 F	rost	burg Mem. P.	ark Frost	ourg,	Alle	0-1	Md.
	124 FU	UNERAL DIRECTOR				IZSa DATI	E REC'D. BY REGISTRAR	230. REGISTR	(AR'S SIGNAT	URE	

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18-shows any injury, or other traumatic event, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phe should be detached for use as the burial-transit permit. Then please remove carbon pawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removen.

Durst Funeral Home, Frostburg, Md.

National Allegan Prouding A 100 long-sugar had been

Chancy Alice Library Common and C

eridii 140 Leanuarion

Inner Sunaral Rome, Frontinger, Ed.

A		
ч		
3	4	
3		
6		
5		
E		
IONE, MANITAN		
5		
É		
ž.		
. 0		
-	-	
n		
2		
2	-	
2		
6		
M. PRESION SI.	-	
2		
-	-	
2	-	
o`		
2		1
5		
í		
E .		
4		
	0	
T VII AL RECORDS, A	- 7	
<u>.</u>		
-		2
5	3	
2		
5		
5	-	
	- 7	
	0	
	- (

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages I and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

0 9 / 0 2

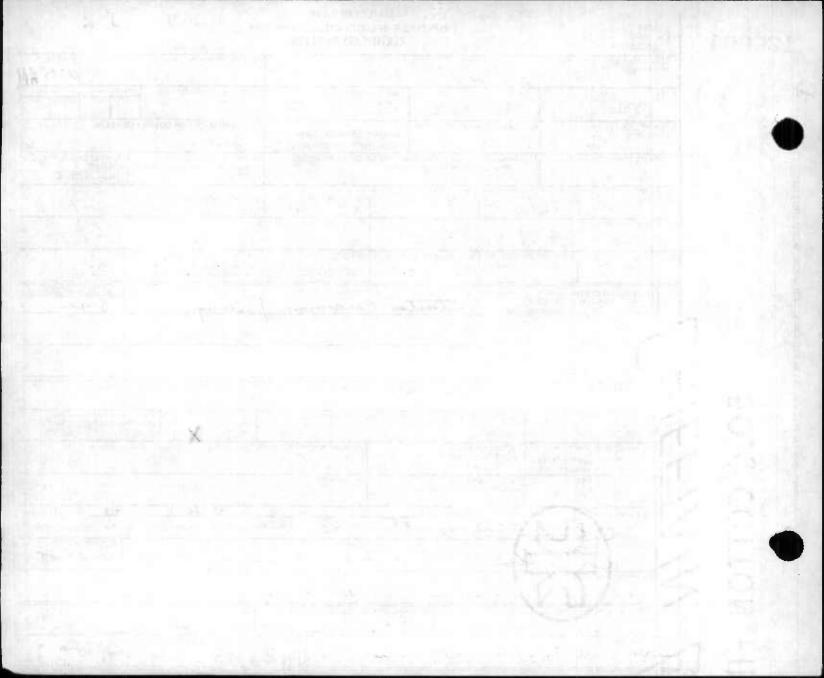
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S GIGNATURE

- STATE REGISTRAR				CERTIF	ICATE OF	DEATH	RE	EG. NO.				
DECEASED NAME	FIRST NEWTON		MOOD	BERF	AST RY		26. DATE OF DEA		4 2	20	YEAR 85	0 : 15 A
Male	-	White		5. DATE C		1899	6. AGE (IN YEARS I	AST BIRTHO		ONTHS	DAYS	IF UNDER 24 HRS
O. BIRTHPLACE (STATE O		VB. CITIZEN OF USA	WHAT COUNTRY?	A. MARRIE WIDOWE		R MARRIED DIVORCED	9. BALTIMORE C	_	OUNTY	OF DE	ATH	MC
Route3	EATH		HOSPITAL, NURSIN TH FACILITY, GIVE STREET		HOme	STITUTION	170. USUAL OCC			INIDI	LICTRY	eer neer
USUAL RESIDENCE (FNU	Alleg	other institution ty any	GIVE RESIDENCE BEFORE TOWN	ADMISSION)	13d. INSIDE	CITY LIMITS?	R/3 Bedi	ord .	Road	C	21	502
VAN	٨	L.	BERRY		15. MOTHE	MARY	Ä	DOLE .				ŠON
(YES, NON DECEASED EVE		MED FORCES? WAR OR DATES)	705-07-80		17 INFORM Gertr		um Cumbe	Bedf rlan	ord S	itre	eet 2150)2
	y, which mmediate ting the se lost.	DUE TO, O	R AS A CONSEQUI	ENCE OF	NOT RELAT	/	INAL DISEASE OR	CONDIT	ION GIVE	Z	G m	
190. DATE OF OPER	ATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERI	FORMED	200 AUTOPSY	11		ING C		NGS USED OF DEATH?
OR CONTRIBUTING (IF EITHER, NOTIFY ME 21d, INJURY OCCU	DICAL EXAMINER	P. 21e PLACE		AY YEAR 19	211. LOCA STR	TION	RED (ENTER NATURE (OF INJURY IN	HEM 18 PAR		PART 2)	STATE
226.1 certify that saw the decer above (1) (Ve	- /	ol) ottended the		85,0	nd that in (m	(our) opinion o	eoth occurred on	the date	ond hour	ond fr		that (1) (we) lost couses stated
226. SIGNATURE	Ba	lleri			DEGREE 12	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF	v 🗆			SIGNED 11-ST
Dr. An	/		ino, Jr.		22. ADDR 955 F		k St., Cı	mber	land	, M	ld.	21502
230. Burial, cremation (SPECIFY) Buri		23b. DATE 4-23-8				rcrematory ial Park	23d LOCATION	WN	A11	count	any	Md.

24 FUNERAL DIRECTOR SILCOX Merritt F.H. 404 Decatures St. Cumb, Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

etoined by the hospitol or



tor, page 3 ofter death

FOR MCKEE FUNERAL HOME - STATE AUGUSTA, WVA.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	9	1	IJ	3

REGISTRAR			REG. NO	
DECEASED NAME FIRST LUCY	LUELLA	BROCK	MARCH 30, 1985	7:00A M
. SEX	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY) IF UND	ER I YEAR IF UNDER 24 HRS
Female	White	May 27,1901	83 YRS	DATS HOURS MIN.
O. BIRTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DE	EATH
W. Va.	U.S.A.	WIDOWED DIVORCED	ALLEGANY COUNTY	MD
Cumberland	NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	TYRE OF WORK FOR MOST OF WORKING LIFE! IN	KIND OF BUSINESS OR DUSTRY
AL RESIDENCE (IF NURSING HOME OR OTH	ER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		omestic
W. Va. Hamps			Route 2 25	760 77
FATHER'S NAME		15. MOTHER'S MAIDEN NA		704
John MID	D Lee	Amano	la Shro	LAST
60 WAS DECEASED EVER IN U.S. ARME			ADDRESS	ac
(YES, NO OR UNKNOWN) (IF YES, GIVE W		Mr. Lorin	a Prock Augusts	1.7 170 26
18 CAUSE OF DEATH (Enter only of			ig brock Augusta	, W. Va. 267
PART 2 OTHER SIGNIFICANT COM 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING			IN CERTIFYING	E FINDINGS USED CAUSES OF DEATH?
	216 TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	YES YES YES REED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR	NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 IN JURY OCCURRED	P.M.	19 211 LOCATION		
WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE FA	ARM, ETC) STREET	CITY OR TOWN CO	DUNTY STATE
270.1 certify that (I) (this haspital)	nttended the decensed from		to 10	, that (I: (we) lost
sow the deceased plive on	10		death occurred on the date and hour and f	
obove, (I) (we) (did) (did not) v 27b SIGNATURE	Wastu	1 m ATTENDING	DIRECTOR PHYSICIAN	DATE SIGNED
27d. PHYSICIAN'S NAME (TYRE OR RR	INT.	77e ADDRESS	Saccion Tribleme	1
GARY L. V	VAGONER M.D.	925 BISHOP	WALSH ROAD, CUMBERLA	ND, MD.2150
		AME OF CEMETERY OR CREMATORY	734 LOCATION	
Burial	4/1/85 Mt		CITY OR TOWN COUN	2 1
4 FUNERAL DIRECTOR		Zion Cemeter	TE REC'D BY RECT THAT IS PRESENDED'S	oshire W
NAME /	DI ADORESS X	1 + WADD	08 1985 44 Davidson	-
- jumis	2. Vegles !	rupuela, WVIII	Van Marie Van	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84

PORTANT

os the buriol-transit permit. Then pleas th and Mental Hygiene prior to buriol. this certificate has been

(VRA 15, 4)

FUNERAL DIRECTOR:

Hith it mile and it

MICHES - ASSETT IN.

ERCE JE HORAM JOORR ALIELL VOLL

ALIAND MINERALLIA

THE PART HEART HISPITAL COLUMN COLUMN

Man Cample And State State Company

• • (

GARY L. WHOMES, M.D. SOS DISMOS VALUES VOLCAS, COMPETILADO, NO. 21508

MAN Section - Lieuway profess and any Child

(3)	FOR STATE REGIST
192018	TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	ü	i	Ü	4
U	1	6	U	-

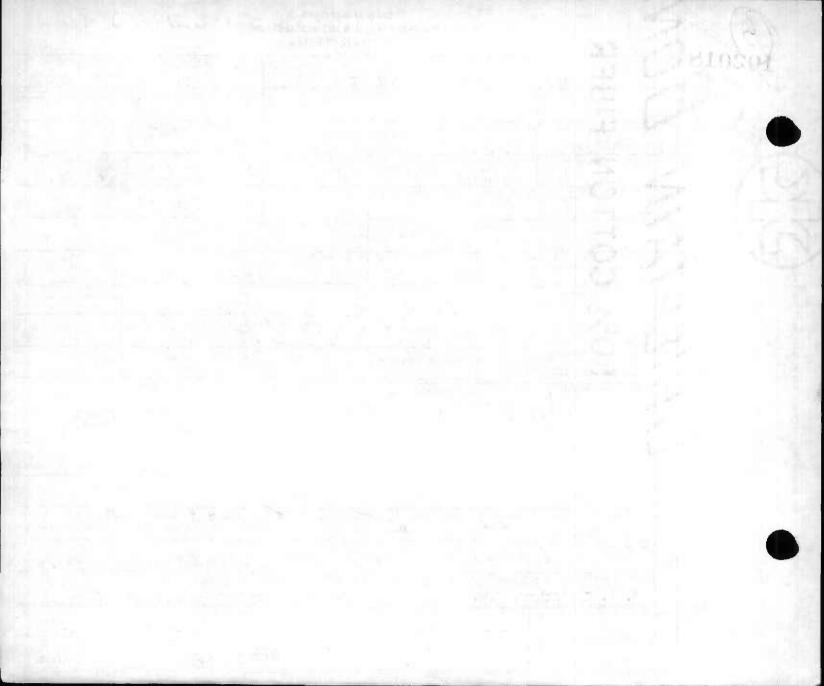
REGISTRAR											
DECEASED NAME	FIRST	A	AIDDLE	L	AST	20 DATE OF	DEATH MONTH	DAY	YEAR	2b HOU	IR
THE OR PRINCIP	ALMA		MARY	BROW	NING		April	4, 19	85	100	OAM
SEX		RACE		5. DATE O		6 AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDI	ER I YEAR	IF UNDER	24 HRS
Eemale.		White		Feb.		82	YR	S.	DATS	HOUNS	MINS,
BIRTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY	Y2 8	D NEVER MARRIED	9 BALTIMO	RE CITY OR COU	NTY OF D	EATH		
Pennsulvan	ia	U.S.A		WIDOWE		All	egany				MD
CITY OR TOWN OF			HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL C	CCUPATION FOR MOST OF WORKIN		KIND C	F BUSINE	SSOR
Combant on	,	Memor		CET ADDRESS)			sekeeper			CO.	Hos
At Residence	NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFO		13d. INSIDE CITY LIMITS?		DDRESS / ZIP CO				
Maruland	Alle		Cumberl		YES X NO	235	Paca St	reet	/	2150	2
FATHER'S NAME				C 00/ C 00	15 MOTHER'S MAIDEN N						
Clayton	^	NIDDLE	Lee		Ellie		WIDDLE		Wali	071	
. WAS DECEASED E			166 SOCIAL SEC	CURITY NO	17 INFORMANT		ADDRESS		******		
(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	220-52-	-9625	Annie Shanho	oltz - W	iley For				
18 CAUSE OF DE	EATH (Enter on	y one couse per	line for (a) (b), o	and ic	0,0	1			BETWEEN	MATE INTER	DEATH
	H WAS CAUSEL	DT:		-d . 1	Cort VII.	briles					
	IMMEDIAT	CAUSE (o)	Car	0110 1	and the cold	The Call Color					
	IMMEDIAT				i lang	001	17				
Conditions, if	ony, which		R AS A CONSEQ	DUENCE OF	COPD & Car	- Pulmai	role				
1 3	ony, which	DUE TO, OI	R AS A CONSEQ	DUENCE OF	COPD & Cor	- Pulmar	rale				
Conditions, if a gave rise to couse (a), st	ony, which	DUE TO, OI	R AS A CONSEQ	DUENCE OF	CODE CON	- Pulmoi	role				
Conditions, if a gave rise to couse (o), st underlying co	ony, which immediate toting the buse lost.	DUE TO, OF	R AS A CONSEQ R AS A CONSEO	DUENCE OF	OPD CON	- PWWOI	orcondition	GIVEN IN	PART lu		
Conditions, if a gave rise to couse (o), st underlying co	ony, which immediate toting the buse lost.	DUE TO, OF	R AS A CONSEQ R AS A CONSEO	DUENCE OF	HOT RELATED TO THE TEL	- Pulmon	orcondition	GIVEN IN	PART lu		
Conditions, if a gave rise to couse (o), st underlying co	ony, which immediate ofing the ouse lost.	DUE TO, OF	R AS A CONSEQ R AS A CONSEQ DITRIBUTING TO	DUENCE OF DUENCE OF O DEATH BUT	HOT RELATED TO THE TEI	RMINAL DISEASE	PSY? 20b. IF	YES, WER	E FINDI	IGS USEI	
Conditions, if a gave rise to couse (o), st underlying co	ony, which immediate ofing the ouse lost.	DUE TO, OF	R AS A CONSEQ R AS A CONSEQ DITRIBUTING TO	DUENCE OF DUENCE OF O DEATH BUT	exis -		PSY? 20b. IF		E FINDI	IGS USEI	H?
Conditions, if a gave rise to couse (o), st underlying co	ony, which immediate toting the puse lost. SIGNIFICANT C	DUE TO, OF THE TO THE T	R AS A CONSEQ R AS A CONSEO DITRIBUTING TO M I CONTRIBUTION FOR WHICE	DUENCE OF O DEATH BUT CH OPERATION	exis -	20a AUTO	PSY? 20b. IF	YES, WER RTIFYING YES [E FINDIN CAUSES	IGS USEI OF DE AT	H?
Conditions, if a gave rise to couse (o), st underlying co	ony, which immediate toting the puse lost. SIGNIFICANT C PRATION GUNDERLYING GAUSE OF DEA	DUE TO, OF OND TO THE T	R AS A CONSEQ R AS A CONSEQ DITRIBUTING TO TION FOR WHICE F INJURY M. MONTH	DUENCE OF DUENCE OF O DEATH BUT	OCIO - N WAS PERFORMED	20a AUTO	PSY? 206. IF	YES, WER RTIFYING YES [E FINDIN CAUSES	IGS USEI OF DE AT	H?
Conditions, if a gave rise to couse (o), st underlying co	ony, which immediate to the immediate the immediate to the immediate the i	DUE TO, OF ONDITIONS CE ONDITIONS CE OF ONDITIONS CE ONDITIONS CE ONDITIONS CE ONDITIONS CE OF ONDITIONS CE OF	R AS A CONSEQ PR AS A CONSEQ CONTRIBUTING TO TION FOR WHICE F INJURY M. MONTH M. OF INJURY	DUENCE OF DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19	N WAS PERFORMED 21¢ HOW INJURY OCCU	20a AUTO	PSY? 20b. IF IN CE NO INJURY IN ITEM	YES, WER RTIFYING YES	E FINDING CAUSES	IGS USEI OF DEAT NO	H?
Conditions, if a gave rise to couse 101, st underlying cc PART 2. OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY) 21d. INJURY OCC	ony, which immediate to the immediate the immediate to the immediate the i	DUE TO, OF ONDITIONS CE ONDITIONS CE OF ONDITIONS CE ONDITIONS CE ONDITIONS CE ONDITIONS CE OF ONDITIONS CE OF	R AS A CONSEQ ONTRIBUTING TO TION FOR WHICE FINJURY M. MONTH	DUENCE OF DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19	N WAS PERFORMED	20a AUTO	PSY? 206. IF	YES, WER RTIFYING YES	E FINDIN CAUSES	IGS USEI OF DEAT NO	H?
Conditions, if a gave rise to couse 101, st underlying cc PART 2. OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY) 21d. INJURY OCC	ony, which immediate to the immediate the immediate taxaminer in the immediate taxaminer	DUE TO, OF CONDITIONS CO. DUE TO, OF CO. DUE	R AS A CONSEQUENT REPORT OF THE PROPERTY OF TH	DUENCE OF DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19	N WAS PERFORMED 21¢ HOW INJURY OCCU	20a AUTO	PSY? 20b. IF IN CE NO INJURY IN ITEM	YES, WER RTIFYING YES	E FINDING CAUSES	IGS USEI OF DEAT NO	TATE
Conditions, if a gave rise to couse (o), st underlying counderlying counderlying counderlying counderlying and contrabilities or contrabilities or contrabilities of the counterly counter	ony, which immediate to the immediate the immediate texamines to the immediate texamines the immedia	DUE TO, OF THE PLACE (AT HOME STR. OF) OHERDED TO STREET OF THE OFFICE (AT HOME STR. OF) OTHERDED TO STREET OF THE OFFICE	R AS A CONSEQUENCE FINJURY M. MONTH M. OF INJURY EET FACTORY, OFFICIAL e deceosed from	DUENCE OF DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19	N WAS PERFORMED 21¢ HOW INJURY OCCU	200 AUTO YES	PSY? 206. IF IN CE NO IN CE	YES, WER RTIFYING YES	E FINDINCAUSES	IGS USEI OF DE AT NO	TATE
Conditions, if a gave rise to couse (o), st underlying counderlying counderlying counderlying counderlying and contrabilities or contrabilities or contrabilities of the counterly counter	DOINY, which immediate to ting the puse lost. SIGNIFICANT C GUNDERLYING CAUSE OF DEA MEDICAL EXAMINER! CURRED TO WHILE WORK	DUE TO, OF THE PLACE (AT HOME STR. OF) OHERDED TO STREET OF THE OFFICE (AT HOME STR. OF) OTHERDED TO STREET OF THE OFFICE	R AS A CONSEQUENCE FINJURY M. MONTH M. OF INJURY EET FACTORY, OFFICIAL e deceosed from	DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 19 19 19 19 10 10 10 10 10	21¢ HOW INJURY OCCU	200 AUTO YES	PSY? 206. IF IN CE NO IN CE	YES, WER RTIFYING YES	E FINDINCAUSES	NO C	TATE
Conditions, if a gave rise to couse (a), st underlying cc PART 2. OTHER S 19a DATE OF OPE 11a. ACCIDENT WAS OR CONTRIBUTION (IF EITHER NOTIFY) 21d INJURY OCC A MARK NOTIFY 220.1 certify that sow the decobove, (b) (w	ony, which immediate to the immediate the immediate texamines to the immediate texamines the immedia	DUE TO, OF THE PLACE (AT HOME STR. OF) OHERDED TO STREET OF THE OFFICE (AT HOME STR. OF) OTHERDED TO STREET OF THE OFFICE	R AS A CONSEQUENCE FINJURY M. MONTH M. OF INJURY EET FACTORY, OFFICIAL e deceosed from	DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 19 19 19 19 10 10 10 10 10	216 HOW INJURY OCCL 216 LOCATION STREET 19 and that in (my) (our) opinion DEGREE ATTENDING	200 AUTO YES	PSY? 206. IF IN CE IN CE UNE OF INJURY IN ITEM	YES, WER RTIFYING YES	E FIND IN CAUSES	NO C	TATE
Conditions, if a gave rise to couse (a), st underlying cc PART 2. OTHER S 19a DATE OF OPE 11a. ACCIDENT WAS OR CONTRIBUTION (IF EITHER NOTIFY) 21d INJURY OCC A MARK NOTIFY 220.1 certify that sow the decobove, (b) (w	DOIN, which immediate immediate toting the base lost. SIGNIFICANT C RATION GUNDERLYING	DUE TO, OF TO DUE TO, OF TO, O	R AS A CONSEQUENCE FINJURY M. MONTH M. OF INJURY EET FACTORY, OFFICIAL e deceosed from	DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 19 19 19 19 10 10 10 10 10	216 HOW INJURY OCCL 216 LOCATION STREET 19 and that in (my) (our) opinion DEGREE	200 AUTO YES	PSY? 206. IF IN CE URE OF INJURY IN ITEM CITY OF TOWN 4 - 4	YES, WER RTIFYING YES	E FIND IN CAUSES	NO C	TATE
Conditions, if a gave rise to couse (o), st underlying counterlying counterlying counterlying counterlying counterlying and contribution of contributing (#E EITHER NOTIFY). 21d INJURY OCCUMENTAL NOTIFY COUNTERLY NOTIFY. 22d PHYSICIAN'S	DOINY, which immediate immediate toting the buse lost. SIGNIFICANT C GUNDERLYING CAUSE OF DEA MEDICAL EXAMINER! UNRED WORK I WHILE t (I) (this hospit eosed olive on e) (did) (did not one) (did) (did not one).	DUE TO, OF (c) DUE TO, OF DUE TO, OF (c) ONDITIONS CC PO NOTITIONS CC PO NOTITIONS CC IPP. CONDI 19b. TIME O HOUR A.I. P.I. 21e PLACE (AT HOME STR AT HOME STR PROVIDED TO THE TOP OF T	R AS A CONSEQ R AS A CONSEQ PROPERTY OF THE PROPERTY OF THE	DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 19 19 19 19 10 10 10 10 10	216 HOW INJURY OCCU	200 AUTO YES	PSY? 20b. IF IN CE NO CITY OR TOWN CITY OR TOWN 4 - 9 d on the dote ond STAFF PHYSICIAN	YES, WER RTIFYING YES 18 PART I OF	E FINDING CAUSES	IGS USEI OF DEAT NO [TATE
Conditions, if a gave rise to couse (o), st underlying counterlying counterlying counterlying counterlying counterlying and contribution of contributing (#E EITHER NOTIFY). 21d INJURY OCCUMENTAL NOTIFY COUNTERLY NOTIFY. 22d PHYSICIAN'S	Only, which immediate immediate forms the puse lost. SIGNIFICANT C CAUSE OF DEA MEDICAL EXAMINER: CURRED WORK If (I) (this hospit eased alive on e) (did) (did not lead to the point of the point o	DUE TO, OF (c) DUE TO, OF DUE TO, OF (c) ONDITIONS CC PO NOTITIONS CC PO NOTITIONS CC IPP. CONDI 19b. TIME O HOUR A.I. P.I. 21e PLACE (AT HOME STR AT HOME STR PROVIDED TO THE TOP OF T	R AS A CONSEQUENT REPORT OF THE PROPERTY OF TH	DUENCE OF ODEATH BUT CH OPERATION DAY YEAR 19 CH FARM ETC.)	216 HOW INJURY OCCL 216 LOCATION STREET 19 dd that in (my) (our) opinion DEGREE DEGREE ATTENDING PHYSICIAN	200 AUTO YES URRED (ENTERNAL on deoth occurred MEDICAL DIRECTOR [PSY? 20b. IF IN CE IN CE OF INJURY IN ITEM CITY OF TOWN 4 - 4 d on the dote ond STAFF PHYSICIAN Medical	YES, WER RTIFYING YES 18 PART I OF	E FINDING CAUSES	IGS USEI OF DEAT NO [TATE
Conditions, if a gave rise to couse fol, st underlying cc PART 2. OTHER S 19a DATE OF OPE 19a	Only, which immediate immediate forms the puse lost. SIGNIFICANT C CAUSE OF DEA MEDICAL EXAMINER: CURRED WORK If (I) (this hospit eased alive on e) (did) (did not lead to the point of the point o	DUE TO, OF TO THE TO TH	R AS A CONSEQUENCE OF INJURY M. MONTH M. OF INJURY EET FACTORY, OFFICIAL ofter death.	DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 C NAME OF C	216 HOW INJURY OCCL 216 LOCATION STREET 19 and that in (my) (our) opinion DEGREE 7 D ATTENDING PHYSICIAN 22e ADDRESS Memorial F	200 AUTO YES URRED (ENTERNAT	PSY? 20b. IF IN CE IN CE OF INJURY IN ITEM CITY OF TOWN 4 - 4 d on the dote ond STAFF PHYSICIAN Medical	YES, WER RTIFYING YES 18 PART I OS 18 PART I OS Buil Buil	E FINDING CAUSES R PART 2) DUNTY Tom the	IGS USEI OF DEAT NO [TATE we) lost ofted

DHMH - 16 60M 7/84 (VRA 15, 4)

10 FUNESAL DIRECTOR. After should be detected for use or the with the State Dept. of Health as IMPORTANT. If them 21 at morke

TO HOSPITAL OR ATTENDIT elamed by the housitel as

BP.



	- 5	FOR STATE REGISTRAR				STAT MENT OF F	HEALTH		EN LAL H	-		/ () 5		
		E OR PRINT)	GRACE GRACE	EL	AIDDLE . IZAB	ЕТН	BYE	RS			OF ESTI- DEATH MATED	MONTH□ 3	27	1985	2ь ной 1846
,	SEX F	emale	4 RACE Cau	3. DATE OF BIRTH	91 ^{AR}	6. AGE IN YEA	Y) MONT	DER 1 YR.	IF UNDER	24 HRS	2c DATE PRONOUNCED DEAD	3	27	1,85	1846
3	FOI	RTHPLACE I	ia	76 CITIZEN OF WH		NTRY?	8 MARRI WIDOW	-	VER MARRI DIVORC		P BALTIMORE CITY Allega	-	NTY OF	DEATH	M
3		mberla		Memoria	CU 101 CU 10		, OR OTH	ier institu	TION	12a US FOR	UAL OCCUPATION (TY MOST OF WORKING LIFE) Homemaker	PE OF WORK	12b KI	ND OF BU R INDUSTI HOME	SINESS RY
3	17a, S1	LRESIDENCI	THE COUNT	OTHER INSTITUTION, GIV	13c. CIT	EBEFORE ADMISSION YOR TOWN Chester		13d. INSIDE C	ITY LIMITS?	13e STF	REET ADDRESS 499 Dogwoo	d Roc	ad	1 22	601
4		Rober	t	MIDDLE	F	rye		Ot	R'S MAIDE IRST tie	NAM	MIDDLE		L	LAST Onas	
3		VAS DECEAS ES, NO, OR UNKN	ED EVER IN U.S. ARM IOWN) (IF YES, GIVE V			-38-653		17. INFOR		.ntir	addres ne - SIlver		ing,	Mary	land
	N	Candition gave cause (cause (c	OF DEATH (Enter and DEATH WAS CAUSED IMMEDIAT ans, if any, which rise to immediate a) stating the <u>underguse last.</u> SIGNIFICANT (ONDITIONS CAUSED AND DEATH DEATH AND DEATH AND DEATH AND DEATH AND DEATH AND DEATH AND DEATH DEATH AND DEATH AND DEATH AND DEATH AND DEATH AND DEATH AND DEA	(a) E CAUSE (a) Cause (b) AC DUE TO, OR DUE TO, OR (c) Ar	rdiad as a col ute d as a col terid	c arres	ive tic	heart	disea	ase			BFI	HENOUSE	AND DEATH
2	CERTIFICATION	190 DATE C	OF OPERATION	19b. CONDIT	ION FOR	WHICH OPERA	ATION W	AS PERFOR	MED?					AUTOPSY	, но ⟨ }
3		UNDERLYIN	IAL CAUSE WAS	21b. TIME OF HOUR A,M	MONTH	DAY YEAR		OW INJURY	OCCURRE	D (ENTER	NATURE OF INJURY IN ITEM 1	B PART I OR F	PART 2]		
	MEDICAL		OCCURRED NOT WHILE AT WORK	21e_PLACE C STREET, FACT				CATION			CITY OR TOWN	c	OUNTY	- 12	STATE
2	23a. BU	ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	S NAME a	I Show, M	Accident	NAME OF CEA	METERY C	Hami TITLE (S LOAS †	PECIFY) Pty Aemor	Unde	DICAL EXAMINER HOSDITAL	DATE SIGN	E NED3 = 2	27-85	ATE
	24. FU		al ^{CTOR} George- ene Stree		Fune		me, i	P.A.		Mt	. Jackson-S	Shena GISTRAR'S			•

DHMH - 17 (VR A15 ME (5)) 102017

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

09/06

	REGISTRAR				CERTIF	ICATE OF DEA	IH	REG. N	10.		
	CEASED NAME	FIRST	,	MIDDLE	L	AST		20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR10:
(TYPE	OR PRINT!	MAUDE	TT	I.I.TTH	CI	ESSNA		April 5.	1985		p.M
3. SE		IMIODE	1 RACE		5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST 8	IRTHDAY) IF	UNDER ! YEAR	IF UNDER 24 HRS
F	emale		White	0.	Augu		2 O	84	YRS	MIHS DAYS	HOURS MIN
To BI	RTHPLACE MATE OF	r foreign		WHAT COUNTRY?	8			9 BALTIMORE CITY		FDEATH	
	aryland		U.S.	Α.	WIDOWE	D NEVER MARI		Allega	nv		MD
10. CI	ITY OR TOWN OF DE	ATH			IG HOME C	OR OTHER INSTITUT	-	12a USUAL OCCUPAT	ION		OF BUSINESS OR
	Cumberlan	d /		HEACHITY, GIVE STREET ORIAL HOS		1		Homema		INDUSTRY	ome
USU.	AL RESIDENCE (IF NUI	RSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)		uurea I	13e STREET ADDRESS		00	CCC
	lest Va.	138 COUN	eral	Ridgele		13d INSIDE CITY L	IMITS!		omac St	noof	777
H. FA	THER'S NAME				-	15 MOTHER'S MA		AE .	Jilliac Dio	occ.	
	Thomas		WIDDLE	Conle	11	Ella		MIDDLE		Bart	Pott
	VAS DECEASED EVE			16b. SOCIAL SECU		17 INFORMANT		ADD	ESS		
(YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	232-13-	7350	Ella Bur	bo-Ad	дновь като	as #13	abov	0
-	18 CAUSE OF DEA	TH (Enter on	ly nne couse ner			ILLLA DOL	ice na	weess suite	W3 "13		XIMATE INTERVAL ONSET AND DEATH
	PART I. DEATH	WAS CAUSE	D BY	-22	nes	20 mg	20	soll !		BC T WILLIAM	ONSET AND GEATT
		IMMEDIAI							1.		
			DUE TO, O	R AS A CONSEOU	ENCE OF	11	-	cerebro	- 1/17	1	
	Conditions, if on		(b)	4 2			V	Cerior so	0 0	+	
	couse (o), stot	ing the	DUE TO, OI	R AS A CONSEQUI	ENCE OF						
	underlying cous	se last	((c)								
	PART 2 OTHER SIG	GNIFICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR COM	IDITION GIVEN	V IN PART 1	10
CERTIFICATION											
CAT	190 DATE OF OPER	ATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	206 IF YES, V	WERE FINDI	INGS USED S OF DEATH?
TIFIC			CR.					YES NOW	YES	CAUSE:	NO [
CER	21a ACCIDENT WAS UP	h				21c HOW INJURY	Y OCCURR	ED (ENTER NATURE OF IN)	JRY IN ITEM 18 PAR	T I OR PART 2)	
	OR CONTRIBUTING				AY YEAR						
MEDICAL	21d INJURY OCCU		21e. PLACE	OF INJURY		211 LOCATION					
×	WHILE NOT V	WHILE	(AT HOME STR	REET, EACTORY, OFFICE F	ARM, ETC)	STREET		CITY OR I	, we	COUNTY	STATE
	22a I certify that (tal) attended the	e decensed from	. 2	129	· F5	in 3/	1 10	35	that (I) (we) last
12	sow the deceo	sed of	3/1	19 4	01	nd that in (my) (aur) opinion d	eath occurred on the	date and hour c	and Irom the	e couses stated
	22b. SIGNATURE	(did Xidid ap)	Priew the body	ofter death		DEGREE	-			22c DATE	E SIGNED
	1	45	1,				NDING	MEDICAL STA		71	6155
	774 PHYSICIAN'S N	NAME (TYPE O	R PRINT)					DIRECTOR PHYS		10/	-(-)
	, m	11	-1.1			Me	emori	al Hospita	l Medic	al Bu	ilding
22- 6	Dr. Tha		Elder 123b. DATE	122.	NAME OF C	EMETERY OR CREA	umber	land, MD 2	1502		
(SPECIFY)	, KEMOVAL		l.				CITY OR TOWN	J ADD.	COUNTY	MAJATE
	Burial	0	4-9-85			Memorial		Cumberlan			
	UNERAL DIRECTOR						APE	REC'D. BY REGISTRA	REGISTRA	AK S SIGNA	TURE
2	202 Greene	Stree	et-Cumbe	rland, M	arylai	nd 21502	WILL	1 0 1905	-2400 0000	September 1	The same of the sa

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and to should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or attending physician.

injury, ar other traumotic event, th

MPORTANT: If them 21 is morked or Item 18 stows any

other death. Page 4 may be 60 the funeral director page 3 within 72 hours after death 60 face. TO FUNERAL DIRECTOR. After this certifical has been should be detached for use as the burial-training permit with the State Dept. of Health and Mental My O HOSPITAL OR ATTENDING PHYSICIAN. THE etoined by the hospital or attending physic

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR			DEPART		ICATE OF	MENTAL HY	GIÊÑE	R	EG. NO	1	0			
1. DECEASED NAME	FIRST		MIDDLE	ł.	AST		2a DAT	E OF DE	ATH MO	NTH	DAY Y	EAR	26 HQL	JR 1 E
(TYPE OR PRINT)	EARL	RA	AY	CHRI	STNER		Apı	ril	6,	1985	5		2	. р. м
3. SEX		4 RACE		5. DATE C					AST BIRTHD		IF UNDER	DATS		RULHRS MIN.
Male		Wh	ite	5	18	22	6	2		YRS	MONTHS	DATS	HOURS	MIN.
70. BIRTHPLACE (STA	TE OR FOREIGN		WHAT COUNTRY?	8				-	ITY OR C		OF DEA	TH		
Boynton.	Pa	TT	SA	MARRIE	_	MARRIED -	A1:	lega	ny					MD
10 CITY OR TOWN O	F DEATH		HOSPITAL, NURSI	NG HOME C			12a. USU	JAL OCC	UPATION				F BUSIN	
Cumberlan	7	Mem	cheacility give street orial Hos	spital					nost of w		Baa	t.	ci	ty
STATE Pa	136 COUN	other institution ity erset	GIVE RESIDENCE BEFOR	VN	13d INSIDE	CITY LIMITS?	13e STRI	EET ADD	RESS / Z	IP CODE	4	155	58	9
14 FATHER'S NAME			LAST		15. MOTHER	'S MAIDEN N	AME		DDLE			1.45		
Hube:	rt	WIDDIE	Christ	ner	l E	loren	ce	MI	DOLE			Bro		
16g WAS DECEASED	EVER IN U.S. AR		166 SOCIAL SEC		17 INFORM				ADDRESS	RD	1	1	555	8
Yes no or unknow	(IF YES, GIV	e war or dates)	185-14	-8576	Emog	ren T	Chri	stne	r e	Sal	isbu			
			r line for (a), (b), or				0 112 1		-			-	MATE INTE	RVAL
Conditions, if gove rise to couse to long underlying PART 2. OTHER 19a DATE OF O	stating the couse lost	CONDITIONS COPP	ONTRIBUTING TO	DEATH BUT				AUTOPSY	? 2	Ob. IF YES	S, WERE	FINDIN	NGS USE	TH?
	AS UNDERLYING C	HOUR A	.M. MONTH D		21c HOW	NJURY OCCUI	RRED (ENT	ER NATURE	OF INJURY I	NITEM 18 F	PART I OR P.	ART 2)		
21d INJURY O	TY MEDICAL EXAMINER CCURRED NOT WHILE AT WORK	21e PLACE	OF INJURY OFFICE FACTORY OFFICE	FARM ETC)	211 LOCAT			cii	Y OR TOWN		cour	NTY		STATE
sow the d	eceased alive on we) (did) (did no	4/	deceased from.		nd that in (m)	/) (our) opinion	2, to n death ac	curred of	the dote	ond hou		m the		
	d	alu	W	1	40	ATTENDING PHYSICIAN	DIREC	CAL TOR []	STAFF	и		1/9	183	_
	ter Hali				22e ADDRI	Memor	rial : erlan	Hosp d, M	ital D 21	& M 502	edic	al	Cent	er
23a BURIAL, CREMAT	ION, REMOVAL			NAME OF C	EMETERY OF	CREMATORY	23d L	OCATIO			COUNT			STATE
(SPECIFY) BURI	AL	4-9	-85 5	4415B	ury c	BMRIERX	5	44/5R		- 3	Sonal			PA
24 FUNERAL DIRECT	OR		ADDRESS	101 GR	ANT ST	250 DA	ATE REC D.	BY REGI	STRAR 251	REGIST	TRAR'S S	IGNAT	URE	

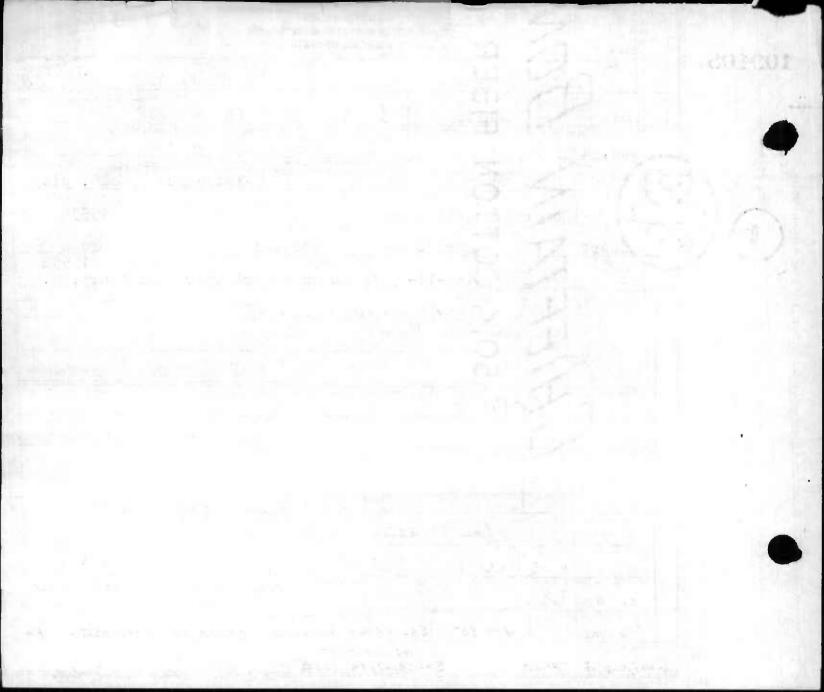
SALISBURY, PA

15534

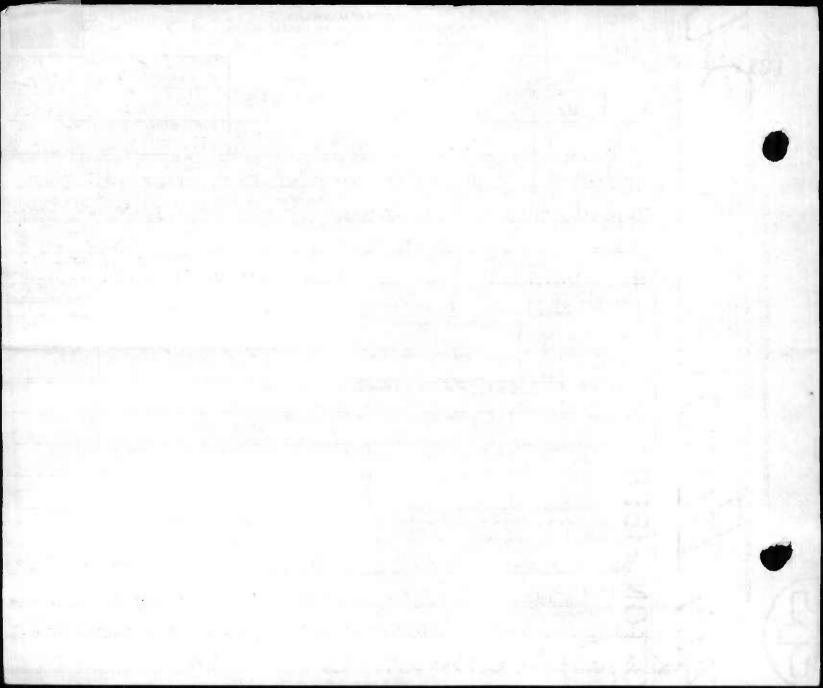
DHMH - 16 60M 7/B4 (VRA 15, 4)

GARFIELD F THOMAS

IMPORTANT: If them 21 is morked or them 18 states and



SEAN CRACE S DATE OF BIRTH WIND SAGE INVESTIGE FUNDER TARK FUNDER TARK FUNDER TARK TO DATE WIND SAGE INVESTIGE FUNDER TARK FUNDER TARK FUNDER TARK TO DATE WIND SAGE INVESTIGE FUNDER TARK FUNDER TARK FUNDER TARK FUNDER TARK TO DATE WIND SAGE INVESTIGE FUNDER TARK FUNDER TA		1		FOR		ST. DEPARTMENT O		ARYLAND AND MENTAL H	WIENE 0 9	/ 0	8
AS BRYNDIACE (STATE OF BIRTH MARCH O		0			ME	DICAL EXAMI	NER'S C	ERTIFICATE O	F DEATH RE	G, NO.	
S. SEX RACE S. DATE OF BIRTH S. MARCH S. DATE OF BIRTH S. DATE OF BIRTH S. MARCH S. DATE OF BIRTH S. DATE OF BIRT	1	2121	I. DEC	EASED NAME PIRST)	Villiam	Q,	Last	20 DATE KNOV	VN MONTH	. ~
TO BRITHPIACE STATION PARTICULARYS TO BRITHPIACE STATION PENNA. TO BRITHPIACE STATION PENNA. TO RESERVE COUNTY OF DEATH U.S.A. TO BRITHPIACE STATION PENNA. TO RESERVE COUNTY OF DEATH U.S.A. TO RESERVE OF RESERVE COUNTY OF			3 SEX	A.A. D. A.A.	MONTH DAY	YEAR LAST BIRTH	IDAY) MONTE		24 HRS. 2c. DATE MIN PRONOUNCED		DAY YEAR 2d HOUI
THE CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OF PART I DEATH OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OF PART I DEATH OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OF PART I DEATH OF DEATH OF PART I DEATH OF DEATH OF PART I DEATH OF DEATH OF PART I DEATH OF OF PERTION OF PART I DEATH OF DEATH OF PART I DEATH OF OF PERTION OF PART I DEATH OF PART I OF HER SIGNIFICATION FOR WHICH OPERATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION FOR WHICH OPERATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION FOR WHICH OPERATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION FOR WHICH OPERATION WAS PERFORMED? IT IS DATE OF DEATH OF PART I OF HER SIGNIFICATION FOR WHICH OPERATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION FOR WHICH OPERATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PER		92555	_	7.0			YRS.		DEAD	4	
THE CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OF PART I DEATH OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OF PART I DEATH OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OF PART I DEATH OF DEATH OF PART I DEATH OF DEATH OF PART I DEATH OF DEATH OF PART I DEATH OF OF PERTION OF PART I DEATH OF DEATH OF PART I DEATH OF OF PERTION OF PART I DEATH OF PART I OF HER SIGNIFICATION FOR WHICH OPERATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION FOR WHICH OPERATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION FOR WHICH OPERATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION FOR WHICH OPERATION WAS PERFORMED? IT IS DATE OF DEATH OF PART I OF HER SIGNIFICATION FOR WHICH OPERATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION FOR WHICH OPERATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PERFORMED? OF PART I DEATH OF PART I OF HER SIGNIFICATION WAS PER	- 4	A SESTINATION OF THE SESTION OF THE	FOR	REIGN COUNTRY)			8. MARRI	ED NEVER MARRIE	D L		OFDEATH
USUAL RESIDENCE (# INDUSTRINA NOTIONAL PLANT OF THE INSTITUTION OF THE		ON SENTE									MC
AT WORK AT WORK		ELAY IS TO THE PAGE F FILED		Cumberland	(1F NOT IN SUCH F	CHITY, GIVE STREET ADDRESS	14	ospital	FOR MOST OF WORKING LIF	FE)	OR INDUSTRY
AT WORK AT WORK		ANY D AND 3 AND 3 RETAIN RECORD			POTHER INSTITUTION, O		1		7.0. BE	y 130 .	Little Orleans
AT WORK AT WORK		AD. 4. IF	14. FA		0	1467		15. MOTHER'S MAIDE	N NAME	£	1463
AT WORK AT WORK		SES SES TO			MIODEE			Ella	MIDGLE	Bloss	
AT WORK AT WORK		NO NO NO		AS DECEASED EVER IN U.S. ARM			ITY NO.		224		
AT WORK AT WORK		AFTE NGE ISSO			1 & 11			Robert E.			
AT WORK AT WORK		JRS 8. G			y ane cause per lin	e far (a), (b), and (c).)	1	/ /	1	_	APPROXIMATE INTERVAL
AT WORK AT WORK		HOL NG NE.		PART I DE ATH WAS CAUSED	BY:	/	cless	etic Cal	Liovazcula	& Disla	BETWEEN ONSET AND DEATH
AT WORK AT WORK		ALONA SVA		IMMEDIATI		AS A CONSEQUENCE	E OF				
AT WORK AT WORK		FILL IN SILL IN SERVICE IN SILL HAVE			1 0						
AT WORK AT WORK		W. W. WIN		couse (a) stating the under-		R AS A CONSEQUENCE	E OF				1
AT WORK AT WORK		SON WENTER		lying cause lost.	(6)						
AT WORK AT WORK		S A BUR THANK	NC	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIRUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION GIVEN IN PAR	T 1 +a:		
AT WORK AT WORK		REAL CANE	¥	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH OP	ERATION W	AS PERFORMED?			20 AUTOPSY?
AT WORK AT WORK		TA SUSTENSION OF	JFI								YES NO T
AT WORK AT WORK		WE SHE SHE						OW INJURY OCCURRED	LENTER NATURE OF INJURY IN I	TEM 18 PART 1 OR PART	
AT WORK AT WORK		NO SHOOT STAND	AL	UNDERLYING OR			AR				
AT WORK AT WORK		ISIO TO TO TRICE	DIG		21e PLACE	OF INJURY (AT HOME,					
278. I certily that I look charge of the remains described above, held an Autopsy , Inspection . Inquiry and in my apinion death resulted Iram. Natural causes . Accident . Suicide . Homicide . Undetermined manner . ACTUAL SIGNATURE . Yaulato . Deputy MEDICAL EXAMINER . SIGNED . TITLE (SPECIFY). DATE . SIGNED . TITLE (SPECIFY). DATE . SIGNED . SIGNED . TITLE (SPECIFY). TITLE (SPECIFY). DEPUTY . MEDICAL EXAMINER . SIGNED . TITLE (SPECIFY). DATE . SIGNED . TITLE (SPECIFY). TITLE (SPECIFY). DATE . SIGNED . TITLE (SPECIFY). TITLE (AAR AR	W		STREET, FAC	TORY, FARM, ETC.)	5	TREET	CITY OR TOWN	COUN	ITY STATE
deoth resulted Iram: Notural couses 4, Accident , Suicide , Homicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE Yauliato		NO. NO.		228. I certily that I took charge	of the remains de	scribed obove, held on	Autops	sy . Inspection	Inquiry .	and in my apir	non
ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE SIGNED 4-17-85	1	MIN		deoth resulted fram: Noture	ol couses .	Accident ,	Suicide	, Homicide	Undetermined manner	<u>.</u> .	
SIGNATURE SIGNED WITH M.D. DEPULY MEDICAL EXAMINER SIGNED		AAK WITH	1	ACTUAL AND	1.10	Done -		TITLE (SPECIFY)	_	DATE	11-17-05
\$\nom\delta \delta \		A HOUSE	-		ciaci	Julys	M.	o. Vepuly	MEDICAL EXAMINER	SIGNED	9-11-83
Examiner's NAME Francisco Keyes address 900 Seton Dr. Vumberland, Md. 502		MEDIC GECUTE AGE 4 S FUNE FTER DE		(TYPE OR PRINT)	ncisco	Reyes		ADDRESS 900 S	reton Dr. Qui	mborlan	ed, Md. 502
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE		AUSTA9	230.BL	(RIAL, CREMATION, REMOVAL 23					CITY OR TOWN	COUNT	Y STATE
BP Burial 04/18/85 Riverview Cemetery Huntingdon Huntingdon Penna.		BP	B	urial 0	4/18/85	Riverv	iew Ce		Huntingdon	Hunting	don Penna.
DHMH - 17 ADDRESS A			1		ADDRES	5	al a			*	70. 1.00
(VR A15 ME (5)) Kuhune Januar Mancart M.D. APR 29 1985		,	K	unue to	NOW.	ANCOCK X	M), APR	29 1985	الكليبية إلى المالي	10-Noulour



FOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYS MEDICAL EXAMINER'S CERTIFICATE OF DEATH

ENE	U	7
ENE		

0	9	1	U	4	
1	REG.	NO.	/		

10:	91	18
-----	----	----

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE.

	OR PRINT)	E recor		WIDDLE			LASI		OF EST	MN B WON	TH DAY	YEAR	26 HO
,,,,,		Marg	aret	M.	Co	ndr	T		DEATH MAT	ED 0 4	- 5	9 85	12:5
3. SEX	male	White	S. DATE OF BIRTH MONTH DAY	.1902	6 AGE (IN YEA LAST BIRTHDA 83 YR	Y) MONT		ER 24 HRS MIN.	PRONOUNCED DEAD	MONT	5	YEAR 1985	2d HO
	Maryla		76. CITIZEN OF V	HAT COUN	NTRY?	8 MARR WIDOW	ED NEVER MAI		9 BALTIMORE	city or cou gany	JNTY OF DI	EATH	
F	rostb	urg	Frost	burg	Commu	nit	Hosp.	T2a. US FOR	UAL OCCUPATION OF WORKING LI	N (TYPE OF WOR	COR.	D OF BU INDUSTR Lan	SINESS RY BS6
13a, S1		1136 COUN	DR OTHER INSTITUTION (ITY Ogany	13c CITY	OR TOWN	g	Tad. INSIDE CITY LIMITS? YES NO [13. SI	Broadw	1ay, 2	21532		
	THER'S NAME FIRST Mart	in	WIDDLE		idry		15. MOTHER'S MAI		MIDDLE		pman	AST	
6a, W	NO, OR UNKNO		WAR OR DATES)	21.7	-10-46		Mary Gr	imm,		ourg,	Md.	215	32
	PART I DE	ATH WAS CAUSE	TE CAUSE (a)	4.			D.					PROXIMATE EEN ONSET	
	gave ri	ns, if any, which se to immediate stating the <u>under-</u> se last.	(b)		NSEQUENCE C								
NOI	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT REL	ATEO TO THE TERMI	NAL DISEAS	OR CONDITION GIVEN IN	PART 1 g					
CERTIFICATION	4-4	F-85	V	devu	Cles 1	of	large -		4		YE	JTOPSY?	NO I
MEDICAL CE	UNDERLYING CONTRIBUTION	NG CAUSE OF	DEATH P.	M. MONTH M.	DAY YEAR		OW INJURY OCCUR	RED (ENTER	NATURE OF INJURY IN	ITEM 18 PART 1 OR	R PART 2)		
MED	21d INJURY C WHILE AT WORK	NOT WHILE [STREET EA	OF INJURY CTORY, FARM, E			CATION		CITY OR TOWN		COUNTY		STA
	220 1 certi death result	, ·	ge of the remains di ral causes	Accident		Autop	sy . Inspeci , Hamicide .		Inquiry	and in my	apinian		
1	ACTUAL SIGNATURE	fra	ucisco	Jey	P2-	M	Depue	Ty MED	DICAL EXAMINER	DA1 SIG	TE 4	-5-	85
23a BI	EXAMINER'S (TYPE OR PRII	NAME Fra	ncisco				ADDRESS 900		on Dr.,	Cumb	er la	nd,	Md
()	Buria						el Cemet	1 009	CIR TOWNS		legal		Md

Durst Funeral Home, Frostburg, Md.

DHMH - 17 (VR A15 ME (5)) 15M 2/80

24 FUNERAL DIRECTOR

paralle de la company de la co

e. 42

· Des gans 200 de 200 d

Lorent Britania and Lorent Britania and Lorent Britania and Company and Compan

	214	AIE.	OF M	AKTL	AND .	h.
DEPARTMENT	OF	HE	ALTH	AND	MENTAL	HYGIENE

U	4	1	-

	DEI ARTMENT OF HEALTH AND MEN MALTINETENE
- 1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH

NEGISIKAK						KEG. NC				
(TYPE OR PRINT)	E FIRST	MIDDLE		LAST		20 DATE KNOWN	MONTH	DAY	YEAR	26 HOUR
	Claude	C.		Creasy		DEATH MATED	k 4	7	1,85	1
3. SEX	4. RACE		& AGE IN YEARS	IF UNDER 1 YR.	IF UNDER 24 HRS	. 2c DATE	MONTH	DAY	YEAR	24 HOUR
Male	White	March 28, 192	2 63 YRS.	MONTHS DAYS	HOURS MIN	PRONOUNCED DEAD	4	11	185	212
To BIRTHPLACE (5	STATE OR	76 CITIZEN OF WHAT COUN	VIRY? IS			9 BALTIMORE CITY O	R COUN	ITY OF	DEATH	

Virginia
O CITY OR TOWN OF DEATH Allegany

USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

3 Box 16X Rawlings Retired McCoole Army

13d. INSIDE CITY LIMITS? 13e STREET ADDRESS **Allegany** Maryland Rt 3 Box 16X McCoole 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME

Albert Creasy
16b. SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

Rawlings. VanPelt APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only Dne couse per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Respiratory arrest sudden IMMEDIATE CAUSE (a)

DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which Chronic obstructive pulmonary disease vears gove rise to immediate cause (a) stating the under-

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID

lung resection 2 years- epidermoid carcinoma

20 AUTOPSY? June 18, 1983 Carcinoma, left lung YES [210 EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21

HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH

21e PLACE OF INJURY (ATHOME IL LOCATION AT WORK AT WHILE STREET FACTORY, FARM, ETC.) CITY OR TOWN COUNTY

Inspection X 22a. I certify that I took charge of the remains described obove, held an Autopsy

Natural couses X death resulted from Undetermined manner TITLE (SPECIFY)

DATE 4-12-85 Ast Dpty SIGNATURE MEDICAL EXAMINER EXAMINER'S NA

Snow, TYPE OR PRINT Memorial Hospita 23c. NAME OF CEMETERY OR CREMATORY

230. BURIAL, CREMATION, REMOVAL 23b DATE (SPECEY) Cremation 13 Apr Omps Funeral Home 24 FUNERAL DIRECTOR

ALLEN ROTRUCK KEYSER, W. VA.

Winchester

NOK

STATE

TRANSIT PERMIT DED TO THE CATER AND A BUILD TRANSIT PERMIT SHOULD BE USED AS A BURIAL - TRANSIT PERMIT DEPARTMENT OF HEATH AND MENTAL HYGIENE. DEPARTMENT OF PERMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P

07/84

DHMH - 17 (VR A15 ME (5))

lying cause last.

ACTUAL

Mitseleros 20, 1227 J

itrania einerji

. Or , agnilum, sicçoni

refel yes mind a gasano i a dradi.

res - 'Yes - Last to ass the sent the sent resident,

Chemetion 13 for 65 wass Feneral agree winchester redenick Vo.

	18
#	12
3	Vê :
2	1
w .	-
5	- 16
8	- 72
al.	- 2
8	- 5
2	
2	100
2	- 6
€	.0
0	75
1	9
^	0
Z	-5
2	9
7	0
e e	the de
2	-
	19
2	50
5	90
7	5
o,	8
2	-
5	5
3	9
	Ē
3	4.0
OF VII AL KECO	2 6
=	A G
>	0.0
5	S
_	> 등
5	0 0
2	(2 =
2	ZE
2	_ s
3	Z ro
	P. a
-	A =
	T S
	20
	- a
-	Z to
	= >
	SP
	0 9
	TO HO
	To
	_ = =

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL RY
CONTINUE ATE OF BEATH

STATE OF MAKILAND	Sea See,	
ARTMENT OF HEALTH AND MENTAL	RTGIENE	
CERTIFICATE OF DEATH		

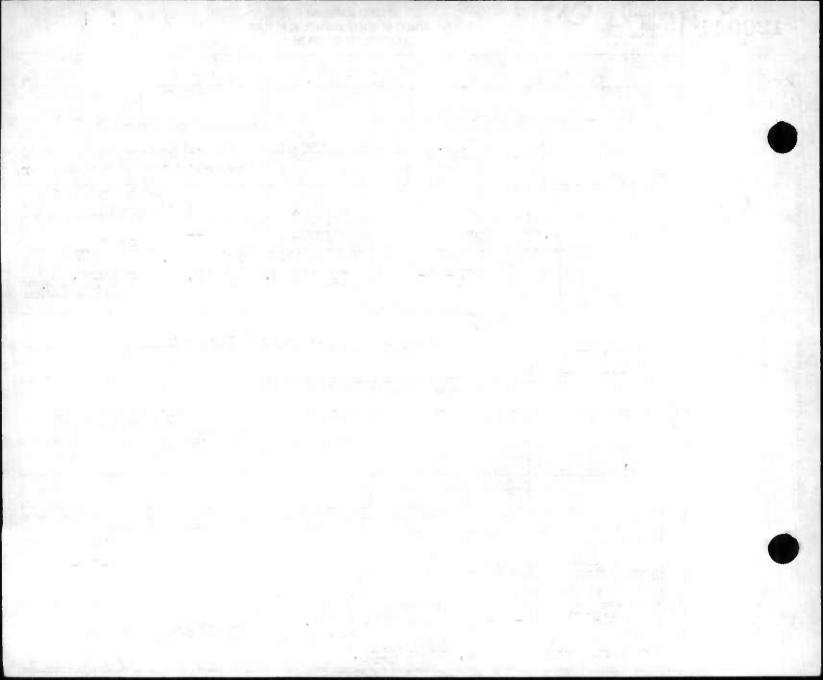
0	9	1	-	
REG. N	Ο.			

													12
	EASED NAME	FIRST	N	AIDDLE	U	AST		24 DATE OF DEA	TH MONTE	H DAY	YEAR	26 HO	JR
(TYPE C	OR PRINT)	Jane		M C	right	ton		4/17/8	5			11:	09
3 SEX	(4 F	RACE		5 DATE O			AGE (IN YEARS LA			NDER I YEAR	-	24 HI
	Female		Whit	e	MONTH 6/	03/17	AR	67		YRS.	THS DAYS	HOURS	MP
7d BIR	RTHPLACE (STATE OR FO	OREIGN 7h	CITIZEN OF	WHAT COUNTRY?	8.			BALTIMORE CI			DEATH		
co	Md Md		U.	S. A.	WIDOWE	D NEVER MARRIE		Alleg	. Co.				
	ty or town of DEA ostburg			H FACILITY, GIVE STREET	ADDRESS)	or OTHER INSTITUTION LOSpital		INTERWORLD		(ING LIFE)	IZE KIND (of Busin	ess o
USUA	AL RESIDENCE (# NURS	ING HOME OR OTH		GIVE RESIDENCE BEFOR	E ADMISSION)				PET) P+	Box	1,21	
13r S1		Alleg		xFrostbu		134 INSIDE CITY LIM		3R STREET ADDR	(Gi]	Lmore	e)	13	3
	THER'S NAME ONTIRST	A .MDC	не В	ond LAST		15 MOTHER'S MAID! Hanniah		E	DIE_	Mod	ore '	ST	
	AS DECEASED EVER			166 SOCIAL SECL	JRITY NO	17 INFORMANT	721	Gemini	DDRESS .		2'	784	
(4)	ES, NO OR UNKNOWN)	None	R OR DATES)	212_01_		Patricia				der	shur	or Mo	
	110	MOTTE		12-01-	1417	Tatifold	1 0 .	Dasirei	ديد و	LUCIA		(MATE INTE	
	Canditions, if any, gave rise to improve (a), statin underlying cause	mediate	(b)	R AS A CONSEQU	ut	myser	-di	e mys	-,Z:	~			
ATION	gave rise to immoduse (a), statin underlying cause	mediate rig the rigst MIFICANT CON	DUE TO, OF	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THI		0	CONDITIO 20h.	N GIVEN	ERE FIND	INGS USE	
TIFICATION	gave rise to immediate to immediate to immediate to stating underlying cause	mediate rig the rigst MIFICANT CON	DUE TO, OF	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THI		NAL DISEASE OR	CONDITIO 20h. IN C	N GIVEN IF YES, W CERTIFY IN	ERE FIND	INGS USE S OF DEA	TH?
CERTIFIC	gave rise to immediate to immediate to immediate to stating underlying cause	TION DERLYING CAUSE OF DEATH	DUE TO, OF	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH D	ENCE OF DEATH BUT	NOT RELATED TO THI	E TERMIN	VAL DISEASE OR 20e AUTOPSY2 YES NO	CONDITIO 20h. IN C	N GIVEN IF YES, W CERTIFYIN YES	ERE FINDI	INGS USE	TH?
3	gave rise to improve the couse (o). Stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTHY MEDIC 21d. INJURY OCCURI	mediate ng the lost lost NIFICANT CON TION DERLYING CAUSE OF DEATH AL EXAMINER) RED	DUE TO, OF	CAS A CONSEQUENT OF THE PROPERTY OF THE PROPER	DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THI	E TERMIN	VAL DISEASE OR ZOR AUTOPSY? YES NO D (ENTER NATURE O	CONDITIO 20h. IN C	N GIVEN IF YES, W CERTIFY IN YES [ERE FINDI	NGS USE S OF DEA NO	TH?
MEDICAL	gave rise to imma cause (o); stating underlying cause PART 2 OTHER SIGN 1% DATE OF OPERA 1% ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTBY MEDIC 21d, INJURY OCCUR.) WHILE NOT WITH NOT WITH NOT WITH INDICENTIAL OF THE	mediate ing the ing the illine	DUE TO, OF IC) J9b CONDI 21b. TIME OF HOUR A / Z1e. PLACE C (AT HOME, STR	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH D. M. MONTH D. DF INJURY EET, FACTORY, OFFICE, O	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE	E TERMIN	VAL DISEASE OR ZOR AUTOPSY? YES NO D (ENTER NATURE O	ZOD. IN C	N GIVEN IF YES, W CERTIFY IN YES EM 18, PART (PERE FINDING CAUSE	NGS USE S OF DEA NO	TH?
MEDICAL	gave rise to improve the couse (o): stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNIT OR CONTRIBUTING (# EITHER, NOTBY MEDIC 21d. INJURY OCCUR! WHILE NOTBY MEDIC 22r.1 certify that (1) saw the decease	mediate ng the lost lost NIFICANT CON TION DERLYING CAUSE OF DEATH AL EXAMINER) RED (this hospital) ed glive on	DUE TO, OF IC) IPIDITIONS CC IPID	PAS A CONSEQUE TION FOR WHICH FINJURY M. MONTH D. M. DF INJURY EET, FACTORY, OFFICE, 19.	DEATH BUT H OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THI N WAS PERFORMED 2) t HOW INJURY O	E TERMIN	ZOR AUTOPSYZYES NO	ZONDITIO ZONDITIO ZONDITIO IN CO	N GIVEN IF YES, W CERTIFYIN YES [EM 18, PART (COUNTY	NGS USES OF DEA	TATE
MEDICAL	gave rise to imma cause (o); stating underlying cause PART 2 OTHER SIGN 1% DATE OF OPERA 1% ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTBY MEDIC 21d, INJURY OCCUR! WHILE NOTBY MEDIC 21d, INJURY OCCUR! AT WORK NOTBY MEDIC 22R.1 certify that (I)	mediate ng the lost lost NIFICANT CON TION DERLYING CAUSE OF DEATH AL EXAMINER) RED (this hospital) ed glive on	DUE TO, OF IC) IPIDITIONS CC IPID	PAS A CONSEQUE TION FOR WHICH FINJURY M. MONTH D. M. DF INJURY EET, FACTORY, OFFICE, 19.	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THI N WAS PERFORMED 21c HOW INJURY O 21f LOCATION STREET 19 ad that in (my) (our) of DEGREE ATTEND	E TERMIN DCCURRE	200 AUTOPSY? YES NO CITYO	20h IN (20h IN)(20h IN (20h IN)(20h IN (20h IN)(20h IN (20h IN (20h IN)(20h IN (20h IN)(20h IN (20h IN)(20h IN (20h IN)(20h IN)(20h IN (20h IN)(20h IN)(20h IN)(20h IN (20h IN)(20h IN)(20h IN)(20h IN (20h IN)(20h IN)(20h IN)(20h IN)(20h IN)(20h IN)(20h IN (20h IN)(20h IN	N GIVEN IF YES, W CERTIFY IN YES [EM 10, PART (19 Id hour on	COUNTY 22C DATE	that (I) couses si	TH?
MEDICAL	gave rise to improve the couse (o). Stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTEY MEDIC 21d. INJURY OCCUR! WHILE NOTEY MEDIC 22a. 1 certify that (1) saw the decease obove, (1) (we) (c) 22b. SIGNATURE	mediate ng the lost lost NIFICANT CON TION DERLYING CAUSE OF DEATH AL EXAMINER) RED (this hospital) ed alive an did) (did not) vi	DUE TO, OF (c) NDITIONS CC 196 CONDI 216. TIME OF HOUR A A P. J. 216. PLACE ((AT HOME, STR ottended the lew the body.)	PAS A CONSEQUE TION FOR WHICH FINJURY M. MONTH D. M. DF INJURY EET, FACTORY, OFFICE, 19.	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THI N WAS PERFORMED 21c HOW INJURY O 21f LOCATION STREET 19 ad that in (my) (aur) of DEGREE ATTEND PHYSIC	E TERMIN DCCURRE	200 AUTOPSY? YES NO CENTER NATURE O	20h IN (20h IN)(20h IN (20h IN)(20h IN (20h IN)(20h IN (20h IN (20h IN)(20h IN (20h IN)(20h IN (20h IN)(20h IN (20h IN)(20h IN)(20h IN (20h IN)(20h IN)(20h IN)(20h IN (20h IN)(20h IN)(20h IN)(20h IN (20h IN)(20h IN)(20h IN)(20h IN)(20h IN)(20h IN)(20h IN (20h IN)(20h IN	N GIVEN IF YES, W CERTIFY IN YES [EM 10, PART (19 Id hour on	COUNTY 22C DATE	INGS USES OF DEA	TATE (we) I
MEDICAL	gave rise to improve the couse (o). Stating underlying cause PART 2 OTHER SIGN 190 DATE OF OPERA 216. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTHY MEDIC 21d. IN JURY OCCUR! WHILE NOTHY MEDIC 22r. 1 certify that (I) saw the decease obove, (I) (we) (c) 22b. SIGNATURE	TION DERLYING CAUSE OF DEATH AL EXAMINER) RED (this hospital) ed alive an did (did not) vi AME (TYPE OF PRI	DUE TO, OF IC) IPB CONDI 21b. TIME OF HOUR A A P. A 21c PLACE ((AT HOME, STR ottended the lew the body.)	PAS A CONSEQUE TION FOR WHICH FINJURY M. MONTH D. M. DF INJURY EET, FACTORY, OFFICE, 19.	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THI N WAS PERFORMED 21c HOW INJURY Of STREET 19 dd that in (my) (our) of DEGREE ATTEND PHYSIC 22c ADDRESS	E TERMIN DCCURRE	200 AUTOPSY? YES NO CITYO CITYO ACCURRED ON THE COMMENTER OF THE COMMENT	20h IN (20h	N GIVEN IF YES, W CERTIFYIN YES [EM 10, PART (19- 19- 19- 19- 19- 19- 19- 19	COUNTY 22c DATE	that (I) couses si	TATE
MEDICAL	gave rise to improve the couse (o). Stating underlying cause PART 2 OTHER SIGN 190 DATE OF OPERA 216. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTHY MEDIC 21d. IN JURY OCCUR! WHILE NOTHY MEDIC 22r. 1 certify that (I) saw the decease obove, (I) (we) (c) 22b. SIGNATURE	mediate ng the lost lost NIFICANT CON TION DERLYING CAUSE OF DEATH AL EXAMINER) RED (this hospital) ed alive an did) (did not) vi	DUE TO, OF IC) IPB CONDI 21b. TIME OF HOUR A A P. A 21c PLACE ((AT HOME, STR ottended the lew the body.)	PAS A CONSEQUE TION FOR WHICH FINJURY M. MONTH D. M. DF INJURY EET, FACTORY, OFFICE, 19.	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THI N WAS PERFORMED 21c HOW INJURY O 21f LOCATION STREET 19 ad that in (my) (aur) of DEGREE ATTEND PHYSIC	E TERMIN DCCURRE	200 AUTOPSY? YES NO CITYO CITYO ACCURRED ON THE COMMENTER OF THE COMMENT	20h IN (20h	N GIVEN IF YES, W CERTIFYIN YES [EM 10, PART (19- 19- 19- 19- 19- 19- 19- 19	COUNTY 22c DATE	that (I) couses si	TATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers that the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remining

DHMH-16 25M (VRA 15, 4) 1/79

Funeral Home, Tonaconing, Md



10701

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3.	FOR STATE REGISTRAR			DEPARTA		FICATE OF	MENTAL HY DEATH	GIÊÑE	REG. NO.		dag.
	CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF	DEATH MONTH	DAY YEAR	ZD HOOK
		ILLIA	M THE	CODORE	DAW	SON		April	7, 198	35	3:20 p.M
3 SE	Х		4 RACE		S. DATE			6 AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER TYE	AR IF UNDER 24 HRS
	male		white	е	MONTH OZ	3-30-Î	32 YEAR	53	3 YRS		TS I NOVES MIN.
7s B	IRTHPLACE (STATE OR	FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8 MARDIE	NEVER	MARRIED	9 BALTIMOR	E CITY OR COUN	TY OF DEATH	
100	PA		USA		WIDOW		NORCED [444	any		MD.
(ITY OR TOWN OF DEA		Memori	HOSPITAL, NURSIN HEACILITY GIVE STREET AT HOSPI	tal		NOITUTITE	(TYPE OF WORK	occupation for most of working ed Sqt.		
136	AL RESIDENCE LIF NURS STATE 10	13b COU		134 CITY OR TOW Cumber 1	'N		CITY LIMITS?		odress/zip.co Paca Stre		J2
14 F	ATHER'S NAME		MIDDLE	LAST	100	15 MOTHER	'S MAIDEN N.	AME	MIDDLE		LAST
	Raymor	d W.	Dawson	-				rine M.			thus:
	WAS DECEASED EVER	IN U.S. AF	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT		ADDRESS		
	yes	1949	-1969	219-34-0	6305	Mrs.	Mary L	. Dawsor	n, Cumber	land, 1	MD - wife
	18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	nly one couse per D BY. TE CAUSE (o)	line for 101, (b, on	Ki an	la	fibri)	1/2-tien		APPI BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
	Conditions, if any gove rise to imm couse (a), statist underlying couse	nediote ng the	(b)_	r as a conseque	oven	y A	leg .	Dseize			
NOI	PART 2 OTHER SIGN	VIEICANT I	messel	THE MI	DEATH BUT	NOT RELATE	Trail	Aneny six	CHE	Hem	blegia
CERTIFICATION	190 DATE OF OPERA	TION	19b COND	ITION FOR WHICH	ØPERATIO	N WAS PERF	ORMED	YES [PSY? 206 IF	YES, WERE FIN TIFYING CALL YES []	NO [
	OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A.	M. MONTH D	AY YEAR	21c HOW	NJURY OCCU	RRED (ENTERNAT	URE OF INJURY IN ITEM I	8 PART I OR PART	21
MEDICAL	21d INJURY OCCUR		21e PLACE (AT HOME STE	OF INJURY REET FACTORY OFFICE, F	ARM ETC)	211 LOCAT STRE			CITY OR TOWN	COUNTY	STATE
	22s I certify that (I) sow the decease	ed alive or		19		nd that in (m	, 19	n death occurred	on the date and h		that (I) (we) lost the causes stated
	226 SIGNATURE	all	1		^	DEGREE 1D	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN	220 01	ATE SIGNED
	Dr. Ranji		PRINT)			22e ADDRE	Memo Cumb	orial Ho erland,	spital Me MD 2150	dical	Building
	BURIAL, CREMATION,	REMOVAL	23b. DATE	236 1	NAME OF	EMETERY OF	CREMATORY	23d LOCA		COUNTY	STATE

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR:

MPORTANT, If Item 21 is

should be detached for use as the burial-transit permit. Then please remove cark with the State Dept. at Health and Mental Hygiene priar to burial, cremation, ar

(VRA 15, 4)

James F. Scarpelli, Cumberland, MD 21502

Burial 24 FUNERAL DIRECTOR

04-10-1985 Restlawn Memorial Pk. Cumberland

Allegany

requires that the death certificate be

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN. The law retained by the haspital or attending physician. STATE OF MARYLAND

1 - STATE REGISTRAR			DEPARIA		ICATE OF DEATH	FIENE	REG. NO.			
DECEASED NAME	FIRST ETHEL		MIDDLE		LLY	April	16, 1985	DAY YEAR	26 HOUR 9:45 am	
1. SEX female		4 RACE White		5. DATE C	DF BIRTH YEAR 1901	6. AGE (IN YEA	ARS LAST BIRTHDAY) YRS	IF UNDER I YEAR	R IF UNDER 23 HRS HOURS MIN.	
BIRTHPLACE (STATE OF		USA	WHAT COUNTRY?	WIDOW	Table 1	9 BALTIMORI All		MC		
Cumberland		(IF NOT IN SUC	Memoria	TDDRESS)	OR OTHER INSTITUTION	12d USUAL OF TYPE OF WORK F	of Business or			
UAL RESIDENCE (IF NU	13b COUL	egany	131. CITY OR TOW Cumber 1	N .	134 INSIDE CITY LIMITS?		DDRESS / ZIP CODI CO Farms/2	1502		
14 FATHER'S NAME Johns			LAST			etta Sit		LA	AST	
160 WAS DECEASED EVE (YES, NO OR UNKNOWN)		MED FORCES?	218-22-		Dr. James H.	Dolly,	Cumberla		-nephew	
	nmediate ing the se lost	(c)	Boh Dintributing to D	dent	NOT RELATED TO THE TERM	MINAL DISEASE	Storme d	Lucius; 1	но	
19g DATE OF OPER.	ATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOF	IN CERTI	S, WERE FIND FYING CAUSE ES [
OR CONTRIBUTING	10. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY CONTRIBUTING CAUSE OF DEATH LIFETIMER NOTIFY MEDICAL EXAMINER) 14. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFF			19	216 HOW INJURY OCCUR	RED TENTER NATU	URE OF INJURY IN ITEM 18	PART OR PART 2)	STATE	
220 I certify that (sow the decea	l) (this haspi	6///6	19		nd that in (my) (our) opinian	death accurred	an the date and has			
226 SIGNATURE	148	In		d			STAFF PHYSICIAN		E SIGNED	
Dr. Eld	ler				22e ADDRESS Memor 500 Memorial	Ave.,	Cumberlan		-	
BURIAL, CREMATION (SPECIFY) Burial 24 FUNERAL DIRECTOR	I, REMOVAL	23b DATE 04-19			TEMETERY OR CREMATORY Hill Cemetery 1250 DA	Cha	rion erlestown gistrarizs, regis	Jeffe:		

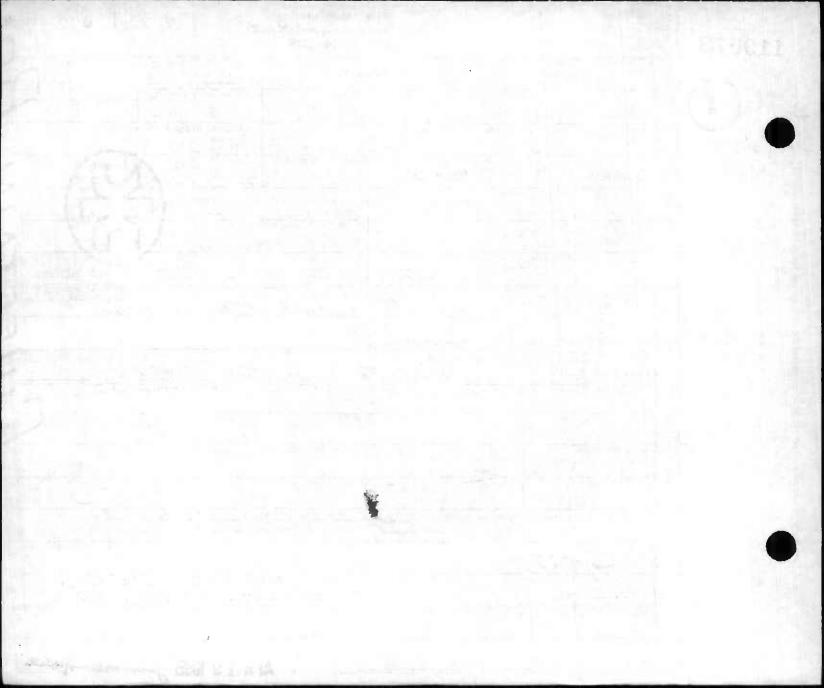
MD 21502

Scarpelli, Cumberland

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove carban papers with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal INFORTANT If Hem 21 is marked ar Hem 18 shaws any injury, or other traumatic event, H



FOR STATE

STATE OF MARYLAND DEP

0	0	1	3	11
U	1	1		6

ARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CE	RTI	FICATE	OF	DEATH	

	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	0.		
	CEASED NAME	FIRST	Cleveľ	and		AST	2e DATE C	OF DEATH	MONTH	DAY YEAR	26 HOUR
		Floyd	C	Diehl			4/	/1/85			5;35a M
3 SE	X	4 R	ACE		5 DATE C		6. AGE (IN	YEARS LAST BIRT	(HDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Male		White			8/29/84	100)	YRS.		
	IRTHPLACE (STATE OR FO	REIGN 7h	CITIZEN OF V	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIM	ORE CITY O	R COUNT	Y OF DEATH	
	aryland			States	WIDOWE			egany			MD.
10 C	ITY OR TOWN OF DEA	TH M.		IOSPITAL, NURSIN FACILITY, GIVE STREET		OR OTHER INSTITUTION		L OCCUPATIONS FOR MOST C			OF BUSINESS OR
	rostburg			rg Commu		Hospital	Auto	Deale	er	Retai	1 Auto
13a.	AL RESIDENCE IN NURSI	13h COUNTY	Garret	GIVE RESIDENCE BEFORE	N	134. INSIDE CITY LIMITS?		T ADDRESS		ain St. tsville	21536 MD
	ATHER'S NAME	AVA	A •	Grantsvi		15 MOTHER'S MAIDEN N			ar arr		
	Joe l	MIDD		iehl		Hanna		MIDDLE		Lininge	
	WAS DECEASED EVER		FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT		ADDR	ESS	THITTIBE	
/	YES, NO OR UNKNOWN) NO	(# YES, GIVE WA	COR DATES	214 32 🕉	999	Robert F. Di	iehl. B	ox 21	, Gra	entsvill	21536 e, MD
7	Conditions, if any, gove rise to imm cause (o), stating underlying cause	ediate g the last	DUE TO, OR (b) DUE TO, OR	AS A CONSEQUE	NCE OF	NOT RELATED TO THE TER	RMINAL DISEA	ASE OR CON	DITION GIT	VEN IN PART I	o'
CERTIFICATION	190 DATE OF OPERAT		Ita CONDE	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AU	TOPSY?		S, WERE FINDIN	
TIE	NO	NE		U			YES 🗌	NO		ES [NO [
_	218 ACCIDENT WAS UND OR CONTRIBUTING C IN EITHER, NOTIFY MEDICA	AUSE OF DEATH	216 TIME OF HOUR A.A P.A	A. MONTH, DA	Y YEAR	214 HOW INJURY OCCU	JRRED (ENTER)	NATURE OF INJU	RY IN ITEM 18,	PART 1 OR PART 2)	
MEDICAL	214 INJURY OCCURR	NOT WHILE NA INT HOME, STREET, FACTORY, OFFICE, FARM, ERCT					CITY OR FOY	VN	COUNTY	STATE	
	220.1 certify that (I) sow the decease above (I) (welld	d olive on	04	-01 198	5_,0	— 06 , 19 74 and that in (my) (our) opinio	n death occur	red on the d	ote and ho		that (I) (we) last couses stated
	The SIGNATURE	ull	1681	Steur	400	M.D ZATTENDING PHYSICIAN	MEDICA DIRECTO	L STA		224. DATE	SIGNED 01/85
	174 PHYS PIAN'S NA	ME (AVEC OR DE)		-		22a ADDRESS					

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH-16 25M

(VRA 15, 4) 1/79

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 4/3/1985 24 FUNERAL DIRECTOR

Newman

Rothstein

23b. DATE

23c NAME OF CEMETERY OR CREMATORY Grantsville Cemetery Gr

Grantsville, MD

23d. LOCATION CITY OR FOWN

COUNTY

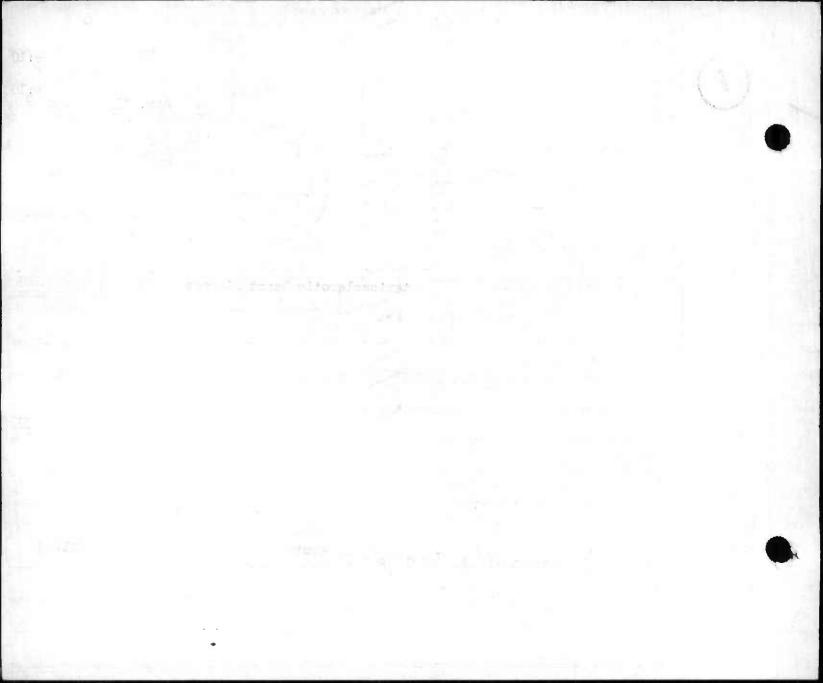
STATE

Grantsville,

Frostburg, MD

STATE OF MARYLAND

.A.t.V. o'tremer the state of the state and the first of the second that the second off-un-file Are. erenk ker Lott - termport, M. warmen's but the contract ATTICATION PROPERTY OF MAJES THE PROPERTY vice for V While Jip merren | givenst splid: 26\f7\d. Selmus Solin avenue dervice cotemnost, hd. 21 52



	deor
	TO HOSPITAL CONTENDING PHYSICIAN: The low requires that the death certificate be executed. This is a offer dear retained by the majorial or attending physician.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	5
2	- James
0	6.
Z	10 1
4	1.5
>	1 5 B
DC	N.
3	-
-	4
OC .	00
0	× da
Σ	0
=	۵
¥	0
a0	0
_:	100
Un .	6
Z	Ü
0	£
S	9
DC UU	-0
0.	ě
>	4
_	2
0	-
7	ě
S	- 5
2	0.
0	-
Ü	3
OC.	0
=	9 0
_	F 0
5	ZX
14.	A 40
0	U 10
Z	5 0
0	IP
2	0 0
≥	0 6
0	4 5
	7 -
-	<u> </u>
	Art. Gr
	2.2
	TO HOSPITAL TENDING PHYSICIAN: The Irretoined by the majority of ottending physicion.
-	- E
	4
	5
	0 0
	0 6
	0
	D de

		EASED NAME	FIRST		MIDDLE	i.	ICATE OF DEATH	REG. NO.	DAY YEAR	2h HOUR
	(TYPE (DR PRINT)	DITH	P	AULINE	DOU	THITT	APRIL 28,1985		10:15Am
3	. SEX		4.	RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	# UNDER 24 HRS HOURS MIN.
		female		white		09	-05-1912 YEAR	72 _{YRS}		
1	C	THPLACE (STATE OR FO	REIGN 76		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY		
30		40		USA		WIDOWE		ALLEGANY COUN		MD
52		YOR TOWN OF DEAT Cumberland	H	(IF NOT IN SU	CRED HEAR	ADDRESS)	PTTAL	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE MINISTER		F BUSINESS OR
	ISUA	L RESIDENCE (IF NURSIN	IG HOME OR OT	HER INSTITUTION	GIVE RESIDENCE BEFOR	ADMISSION)				
B-100	3a S1		Alle	gany	Cumber]	.and	YES NO	323 E. Winches	ter Roa	d/21502
0/0		HER'S NAME FIRST Sam Vi			LAST			ane Robins	tAS	ī
opipa		AS DECEASED EVER IN	IF YES GIVE W		4865231		17 INFORMANT Mr Charles	H. Douthitt, Cu	mherlan	d MD
the m	_		Enter only		1		MI. CHAILCS	Tr. Doddillet, Cd		MATE INTERVAL
rent,	-1	18 CAUSE OF DEATH PART I. DEATH WA	S CAUSED E		CA.	Lun	with me	tastasis	BETWEEN C	INSET AND DEATH
tic e	-1	1/	MMEDIATE		R AS A CONSEQUI	ENICE OF				8
D m	- 1	Conditions, if any,		(b)	AS A CONSEGO	LIACE OI				
other tro		gove rise to imme couse (o), stating underlying couse		DUE TO, O	R AS A CONSEQUI	ENCE OF				
ō		PART 2 OTHER SIGNI	FICANT CQ	NDITIONS C	ONTRIBUTING TO	DE ATU BUT				
5	z I	Δ	CHI	1	OTTER DOTATION	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 10	
Confus Au	ATION	A	SAL							
Ows ony injury	IFICATION	90 DATE OF OPERATION					NOT RELATED TO THE TERM	20a AUTOPSY? 20b IF YES	S, WERE FINDIN	IGS USED OF DEATH?
	CERTIFIC	90 DATE OF OPERATION AS UNDER	ON RLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF YES	S, WERE FINDIN YING CAUSES IS	IGS USED
ten 🗡	N N	90 DATE OF OPERATION	ON RLYING LUSE OF DEATH	196 COND 216. TIME C HOUR A	ITION FOR WHICH	OPERATIO	N WAS PERFORMED 21c. HOW INJURY OCCURR	200 AUTOPSY? 20b IF YES NO YE	S, WERE FINDIN YING CAUSES IS	IGS USED OF DEATH?
E A	CAL	98 DATE OF OPERATION 216. ACCIDENT WAS UNDER OR CONTRIBUTING CA LIFETIMER NOTIFY MEDICA 21d INJURY OCCURRE	ON REYING AUSE OF DEATH ALEXAMINER)	21b. TIME C HOUR A P. 21e PLACE	OF INJURY M. MONTH D.	OPERATIO AY YEAR 19	N WAS PERFORMED	200 AUTOPSY? 20b IF YES NO YE	S, WERE FINDIN YING CAUSES IS	IGS USED OF DEATH?
E A	MEDICAL	98 DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE	ON RLYING AUSE OF DEATH AL EXAMINER) E	21b. TIME C HOUR A P 21e PLACE (AT HOME ST	OF INJURY M. MONTH D. M. OF INJURY REET FACTORY, OFFICE F	OPERATIO AY YEAR 19 ARM ETC 1	216. HOW INJURY OCCURR	200 AUTOPSY? 206 IF YE'S IN CERTIFYES NO VERTIFIED (ENTERNATURE OF INJURY IN ITEM 18. R	S, WERE FIND IN YING CAUSES S ART (OR PART 2)	IGS USED OF DEATH? NO
ltem]	MEDICAL	90 DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTHY MEDICA 210. IN JURY OCCURRE WHILE NOT WHILE AT WORK 220. I certify that (1) (1) sow the deceased	RLYING LUSE OF DEATH LL EXAMINER) D E This hospital	21b. TIME C HOUR A P 21e PLACE (AT HOME ST	OF INJURY M. MONTH D. M. OF INJURY REEL FACTORY, OFFICE F	OPERATIO AY YEAR 19 ARM ETC 1	216. HOW INJURY OCCURR 216. LOCATION 51REE1	200 AUTOPSY? 206 IF YE'S IN CERTIFYES NO VERTIFIED (ENTERNATURE OF INJURY IN ITEM 18. R	S, WERE FIND IN: YING CAUSES S ART LORPART 21 COUNTY	IGS USED OF DEATH? NO STATE
Item]	MEDICAL	90 DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21 dl IN JURY OCCURRE WHILE NOT WHILE AT WORK 220 L certify that (1) (1)	RLYING LUSE OF DEATH LL EXAMINER) D E This hospital	21b. TIME C HOUR A P 21e PLACE (AT HOME ST	OF INJURY M. MONTH D. M. OF INJURY REEL FACTORY, OFFICE F	OPERATIO AY YEAR 19 ARM ETC.)	216. HOW INJURY OCCURR 216. LOCATION 51REE1	200 AUTOPSY? 206 IF YES IN CERTIF YES NO YEE ED (ENTER NATURE OF INJURY IN ITEM 18 R CITY OR TOWN	S, WERE FIND IN: YING CAUSES S ART LORPART 21 COUNTY	IGS USED OF DEATH? NO STATE that (It (we) last causes stated
i: If them 21 is morked or them 1	MEDICAL	90 DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTHY MEDICA 210. INJURY OCCURRE WHILE NOT WHILE AT WORK 220. I certify the deceased obove, (1) (wed) side	RLYING LUSE OF DEATH LL EXAMINER) D E This hospital	21b. TIME C HOUR A P 21e PLACE (AT HOME ST	OF INJURY M. MONTH D. M. OF INJURY REEL FACTORY, OFFICE F	OPERATIO AY YEAR 19 ARM ETC.)	21c. HOW INJURY OCCURR 21f. LOCATION STREET 19 ad that in (my) (our) opinion of	200 AUTOPSY? 20b IF YES IN CERTIFYES NO VED CENTER NATURE OF INJURY IN ITEM 18 P CITY OR TOWN The state of the dote and hou MEDICAL STAFF	COUNTY	IGS USED OF DEATH? NO STATE that (It (we) last causes stated
NT: If them 21 is morked or them 1	MEDICAL	90 DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTHY MEDICA 210. INJURY OCCURRE WHILE NOT WHILE AT WORK 220. I certify the deceased obove, (1) (wed) side	ON RLYING	21b. TIME C HOUR A P 21e PLACE (AT HOME ST	OF INJURY M. MONTH D. M. OF INJURY REEL FACTORY, OFFICE F	OPERATIO AY YEAR 19 ARM ETC.)	216. HOW INJURY OCCURR 216. LOCATION STREET 19 dd that in (my) (our) opinion o	200 AUTOPSY? 20b IF YES IN CERTIFYES NO VED CENTER NATURE OF INJURY IN ITEM 18 P CITY OR TOWN To	COUNTY	IGS USED OF DEATH? NO STATE that (It (we) last causes stated
	MEDICAL	90 DATE OF OPERATION 210. ACCIDENT WAS UNDER 210. ACCIDENT WAS UNDER OR CONTRIBUTING CA 11 CAPPED CONTRIBUTING CAP AT WORK 210. INJURY OCCURRE WHILE CAPPED CONTRIBUTION AT WORK 220. I certify the deceased obove, (1) (web) did 22b. SIGNATURE 22d PHYSICIAN'S GEORGE	REVING CONTROL OF THE PROPERTY	21b. TIME C HOUR A P 21e PLACE (AT HOME ST	OF INJURY .M. MONTH D. M. OF INJURY REET FACTORY, OFFICE 6 The deceosed from	OPERATIO AY YEAR 19 ARM ETC 1	216. HOW INJURY OCCURR 216. LOCATION STREET 19 ad that in (my) (our) opinion of PHYSICIAN (PHYSICIAN (PH	200 AUTOPSY? YES NO YEE YES NO YEE CITY OR TOWN TO STAFF DIRECTOR PHYSICIAN TO TOWN TO DRIVE CUMBERI	COUNTY 19 22c DATE 7. WERE FIND IN 19 22c DATE	IGS USED OF DEATH? NO STATE that (I) (we) last couses stated SIGNED
WPORTANT: If them 21 is morked or them 1	WEDICAL WEDICAL	90 DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 2101 IN JURY OCCURRE WHILE AL WORK 2201 Certify that (1) (1) Sow the deceased obove, (1) (we) did 220. SIGNATURE	REVING CONTROL OF THE PROPERTY	21b. TIME CHOUR A P P 21e PLACE (AT HOME ST	OF INJURY .M. MONTH D. .M. OF INJURY REET FACTORY, OFFICE F porter death. 23c 1	OPERATIO AY YEAR 19 ARM ETC 1	216. HOW INJURY OCCURR 216. LOCATION STREET 19 dd that in (my) (our) opinion o DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO YES IN CERTIFY YES NO YES CITY OR TOWN TO STAFF DIRECTOR PHYSICIAN TO THE DIRECTOR PHYSICIAN TO THE DIRECTOR TO THE D	S, WERE FINDING CAUSES S COUNTY 19	IGS USED OF DEATH? NO STATE that (I) (we) last couses stated SIGNED

EMON THEMSE I THEORY TOT VALANTE, CHEMPLES, 'to.

TT - TXX

2801.85 JIFTA

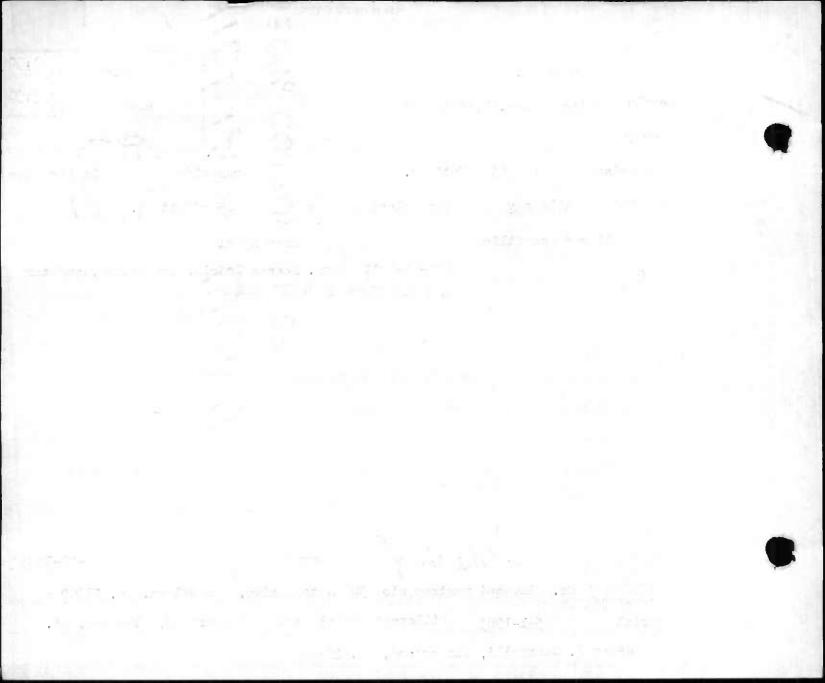
YELFON WASELIA

JANESPOR TOWER OFFICE

11855233176

CENTER ENERGY M.D.

THE DIS STEEL OF WE CHERRY SEE TO SEED



(TYPE	CEASED NAME	FIRST	MIDDLE	t.	AST	20 DATE OF DEATH	MONTH DAY YE	AR 26 HOUR
	OR PRINT)	HOMER	HENDERSON		EACKLES	APRIL 5,19	85	1:52P
3 SE	male	4 RAC	white	5. DATE C		6 AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRY
7a B	RTHPLACE (STATE OR COUNTRY)	FOREIGN 76 CIT	USA	8 MARRIEI WIDOWE	D NEVER MARRIED D DIVORCED	9 BALTIMORE CITY OR ALLEGANY		H ME
10 C	TY OR TOWN OF DEA	(16)	AME OF HOSPITAL, NURS INC NOT INSUCHEACHTY GIVESTREET A SACRED HEART H			12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF retired car	WORKING LIFE) INDUS	ND OF BUSINESS OR TRY ilroad
	AL RESIDENCE (IF NURSTATE MD	13b COUNTY Allega	nstitution give residence before 13c. CITY or Town Cumber	٧ . !	YES 🗶 NO 🗌	13. STREET ADDRESS / 34 Memoria		21502
1		son W. E				ldred Culp	551.2	LAST
	VAS DECEASED EVER	(IF YES, GIVE WAR C			Mrs. Mary A	. Eackles, C		
	18 CAUSE OF DEAT PART I. DEATH W		cause per line for (a), (b), and	elast	atie adenoca		BETV	PROXIMATE INTERVAL VEEN ONSET AND DEATH
NOI	Conditions, if any gave rise to im- couse (a), statis underlying cause PART 2. OTHER SIGI	, which mediate and the last	UE TO, OR AS A CONSEQUE UE TO, OR AS A CONSEQUE (c) TIONS CONTRIBUTING TO D	NCE OF	Primary Co		DITION GIVEN IN PAR	Ω ha
CERTIFICATION	19a DATE OF OPERA	TION	CONDITION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WERE FI IN CERTIFYING CAL YES	
	21a ACCIDENT WAS UN		b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PAR	1 2)
200								
MEDICAL C	21d INJURY OCCUR	HILE [e. PLACE OF INJURY IT HOME STREET, FACTORY, OFFICE FA	ARM ETC)	211. LOCATION STREET	CITY OR TOW	vn COUNT	Y STATE
200	21d INJURY OCCUR WHILE NOT WILL AT WORK ALL WC 22a. I certify that (I) sow the decease obove, (I) (we) (i)	HILE (/	THOME STREET, FACTORY, OFFICE FA	Ma 35, on	A 2 26, 1985 Id that in (my) (our) opinion of	10 april	5 , 19 85 te and hour and from	that (1) (we) last the couses stated
200	21d INJURY OCCUR WHILE NOTW AT WORK 22a.I certify that (I) saw the decease obove. (I) (we) (i) 27b. SIGNATURE	HILE DINK (this hospital) at ed alive an did) (did not) view (C. N.	tended the deceased from	Ma 35, on	STREET A. 26 1985 Indition (my) (our) opinion of the company opinion opi	10 april	5 19 85 te and hour and from	, that (1) (we) last
200	27d INJURY OCCUR while NOTW AT WORK 22a. I certify that (I) saw the decease obove. (I) (we) (i) 27b. SIGNATURE 27d PHYSICIAN'S N.	HILE DINK (this hospital) at ed alive an did) (did not) view (C. N.	tended the deceosed from 19 sthe body offer death.	Ma 35, on	street 1985 Indicate that in (my) (our) opinion of the companion of the	death occurred on the date of	te and hour and from	that (1) (we) lost the couses stated SAJE SIGNED

SOMERLY BUREAU FORE ME WA. AVE. CLARGE DEPORT. - C.N.

02670

..... 110

3055		- STATE REGISTRAR 57 FROST	AVE. FR	ROSTBURG,	WEKLILICALE	OF DEATH	REG. NO.		
		CEASED NAME FIRST		MIDDLE	LAST		20 DATE OF DEATH MO	ONTH DAY YEAR	26 HOUR
e f	(111	VINC	FNT	JOSTAH	ENGLE	Jr.	APRIL 11.1	925	7:45
	3 SE		4. RACE	003170	5. DATE OF BIRTH		6 AGE LINYEARS LAST BIRTHD	AY) IF UNDER 1 YEAR	FUNDER 2
(4)		Male	Whit		July 28	8.1895	89	MONTHS DATS	HOURS
1	7a. B	IRTHPLACE (STATE OF FOREIGN		F WHAT COUNTRY?	8		9 BALTIMORE CITY OR C	COUNTY OF DEATH	1
72 20	1	COUNTRY)	TT C	Α.	MARRIED NE	VER MARRIED	ALLEGANY (COLINITY	
thur thur thur thur thur thur thur thur	10 C	Maryland ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME OR OTHER		12a USUAL OCCUPATION		OF BUSINES
by the		Cumberland	SA	CRED HEAR	T HOSPITAL		Tarmer	ORKING LIFE INDUSTRY	Emp
filled in must be	13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL		13c CITY OR TOW Frost	/N 113d INS	DE CITY LIMITS?	Rt. 2, B	ox 455, 2	21532
2 shu		ATHER'S NAME				HER'S MAIDEN NA	ME		
Jan Jang		Vincent	J.	Engle Sr		Hattie	MIDDLE	Porter	51
5-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU			ADDRESS		
Page	1	YES NOOR UNKNOWN) (IF YES O	TAT T	215-36-	9803 A Mm	Rella	Engle, Sa	me as 13e	
cion ers.	-	18 CAUSE OF DEATH Enter of		-		POTTO	. BILLETO, Da		OMATE INTERV
pap pap pap pap ent,	-	PART I. DEATH WAS CAUS	ED BY		RESPIRATOR	OV FAIL	ure	BEIWEEN	ONSET AND U
ng p bon		IMMEDIA	ATE CAUSE (a)		-copilerio	7	DUIC C		
		Conditions if an Italia			ENCE OF	UEZITINE	- WEADT I	A11.110-	
ed by the at please remarkingl. crematic		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO,	INTRACTA OR AS A CONSEOU 4 RTERIOS ELE	BLE CON ENCE OF EROTIC HE	ART DIS			
signed by the at ten please remark a burial, crematic jury, ar ather trac	Z	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, (c)	TNTRACTA OR AS A CONSEOU ARTERIOSE CONTRIBUTING TO	BLE CON ENCE OF EROTIC HE.	ART DIS	CEASE NINAL DISEASE OR CONDIT	ION GIVEN IN PART 1	
been signed rmit Then plea prior to burial any injury, ar	FICATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, (c) CONDITIONS OF ROSTRATE	INTRACTA OR AS A CONSEOU ARTERIOS ELO CONTRIBUTING TO EWITH BEAR	BLE CON ENCE OF EROTIC HE.	ART DIS ATED TO THE TERM SIS, CHRON	CEASE MINAL DISEASE OR CONDIT 110 PUL HOMR 206 AUTOPSY?	ION GIVEN IN PART IN Y DISCASE REA OB IF YES, WERE FINDING CAUSES	NGS USED
ician. The has been signed list permit. Then plea giene prior to burial shaws any injury, ar	ERTIFICATION	gave rise to immediate cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT CARCINOLIS F	DUE TO. (c) CONDITIONS PROSTRATE 196 CON	TNTRACTA OR AS A CONSEOU ARTERIOSE CONTRIBUTING TO E WITH BOA DITION FOR WHICH	ENCE OF EROTIC HE DEATH BUT NOT REL METASTAS OPERATION WAS PI	ART DIS ATED TO THE TERM SIS, CHRON ERFORMED	CEASE WINAL DISEASE OR CONDIT INC. PUL HOME 206 AUTOPSY? YES \(\) NO \(\)	ION GIVEN IN PART IN Y DISCASE ROA 106 IF YES, WERE FIND IN CERTIFYING CAUSES YES YES	NGS LISED
hysician. Ircate has been signed Ircansit permit. Then plea I Hygiene priar to burnal 18 shaws any injury, or	L CERTIFICATION	gave rise to immediate cause in stating the underlying cause last. PART 2 OTHER SIGNIFICANT CARCINICHA OF	CONDITIONS OF ROSTRATE	INTRACTA OR AS A CONSEOU ARTERIOS ELO CONTRIBUTING TO EWITH BEAR	ENCE OF EROTIC HE DEATH BUT NOT REL METASTAS OPERATION WAS PI	ART DIS ATED TO THE TERM SIS, CHRON ERFORMED	CEASE MINAL DISEASE OR CONDIT 110 PUL HOMR 206 AUTOPSY?	ION GIVEN IN PART IN Y DISCASE ROA 106 IF YES, WERE FIND IN CERTIFYING CAUSES YES YES	NGS USED
ician. The has been signed list permit. Then plea giene prior to burial shaws any injury, ar		gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CARCINGHA OF 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE OF CONTRIBUTING CAUSE OF DIFFEITMER NOTIFY MEDICAL EXAMIN	CONDITIONS OF ROSTRATE 196 CON 216 TIME HOUR HOUR	TNTRACTA OR AS A CONSEOU ARTERIOSE CONTRIBUTING TO EWITH BEA DITION FOR WHICH OF INJURY A.M. MONTH D P.M.	ENCE OF EROTIC HE DEATH BUT NOT REL METASTAS OPERATION WAS PI AY YEAR 19	ART DIS ATED TO THE TERM SS.S. CHROA ERFORMED WINJURY OCCUR	CEASE WINAL DISEASE OR CONDIT INC. PUL HOME 206 AUTOPSY? YES \(\) NO \(\)	ION GIVEN IN PART IN Y DISCASE ROA 106 IF YES, WERE FIND IN CERTIFYING CAUSES YES YES	NGS USED S OF DEATH
physician. rificate has been signed litransi permit. Then plea had Hygiene prior to burnal m 18 shows any injury, ar	MEDICAL CERTIFICATION	gave rise to immediate cause ia; stating the underlying cause last. PART 2 OTHER SIGNIFICANT CARCINOLA OF 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF O IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	DUE TO. (c) CONDITIONS CONDITIO	TNTRACTA OR AS A CONSEOU ARTERIOSELO CONTRIBUTING TO EWITH BOAD DITION FOR WHICH OF INJURY A.M. MONTH D	ENCE OF EROTIC HE DEATH BUT NOT REL METASTAS OPERATION WAS PI AY YEAR 19 211 LOC	ART DIS ATED TO THE TERM SIS, CHRON ERFORMED	CEASE WINAL DISEASE OR CONDIT INC. PUL HOME 206 AUTOPSY? YES \(\) NO \(\)	ON GIVEN IN PART IN Y DISEASE REA OB IF YES, WERE FIND IN N CERTIFYING CAUSES YES NITEM IB PART I OR PART 2)	NGS USED S OF DEATH NO
physician. rificate has been signed litransi permit. Then plea had Hygiene prior to burnal m 18 shows any injury, ar		gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CARCINGHA OF 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFEITHER NOTHLY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTH WHILE AT WORK	DUE TO. (c) CONDITIONS CORRATE 196 CONI 196	TNTRACTA OR AS A CONSEOU ARTERIOSE CONTRIBUTING TO EWITH BEAR DITION FOR WHICH OF INJURY A.M. MONTH D P.M. STREEL FACTORY, OFFICE	ENCE OF EROTIC HE DEATH BUT NOT REL METASTAS OPERATION WAS PI AY YEAR 19 216 HO GARM. ETC.) 216 LOC	ART DIS ATED TO THE TERM SIS, CHRON ERFORMED WINJURY OCCUR CATION	CEASE MINAL DISEASE OR CONDIT 10 PUL HOME 206 AUTOPSY? YES NOTE RED LENIER NATURE OF INJURY IN	ON GIVEN IN PART IN Y DISEASE REA OB IF YES, WERE FIND IN N CERTIFYING CAUSES YES NITEM IB PART I OR PART 2)	NGS USED S OF DEATH NO
physician. rificate has been signed litransi permit. Then plea had Hygiene prior to burnal m 18 shows any injury, ar		gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CARCINEHA OF 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (B) EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK ON WORK AT WORK AT WORK AT WORK 220 I certify that (b) (this has)	DUE TO, (c) CONDITIONS O ROSTRATO 196 CON 196 CON 216 TIME HOUR 216 PLACI (AT HOME S	TNTRACTA OR AS A CONSEOU ARTERIOSE CONTRIBUTING TO EWITH BEA DITION FOR WHICH OF INJURY A.M. MONTH D P.M. E OF INJURY STREEL FACTORY, OFFICE The desegred from	ENCE OF EROTIC HE DEATH BUT NOT REL METASTAS OPERATION WAS PI AY YEAR 19 ZIE HO FARMETC) ZIE LOC	ART DIS ATED TO THE TERM SIS, CHRON ERFORMED WINJURY OCCUR CATION STREET	AINAL DISEASE OR CONDITION PUL HOMER 206 AUTOPSY? YES NOT	ON GIVEN IN PART IN Y DISCASE REA OB IF YES, WERE FIND IN CERTIFY ING CAUSES YES NITEM IS PART I OR PART 2) COUNTY	NGS USED NO ST.
physician. rificate has been signed litransi permit. Then plea had Hygiene prior to burnal m 18 shows any injury, ar		gave rise to immediate cause (a), stafing the underlying cause last. PART 2 OTHER SIGNIFICANT CARCINGHA OF 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFETTING NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 220. I certify that (I) (this has saw the deceased alive a obove, (I) (we) (did) (did)	DUE TO. (c) CONDITIONS OF RATE PROSPRATE 196 CON 196 CON 196 CON 216 TIME HOUR 216 PLACE (AT HOME S	TAUTRACTA OR AS A CONSEOU ARTERIOSE CONTRIBUTING TO EWITH BEA DITION FOR WHICH OF INJURY A.M. MONTH D P.M. EOF INJURY STREET FACTORY, OFFICE	ENCE OF EROTIC HE DEATH BUT NOT REL METASTAS OPERATION WAS PI AY YEAR 19 216 HO FARM ETC.) MARCH 3 216 do And that in	ART DIS ATED TO THE TERM SIS, CHRON ERFORMED WINJURY OCCUR CATION STREET	CEASE MINAL DISEASE OR CONDIT 10 PUL HOME 206 AUTOPSY? YES NOTE RED LENIER NATURE OF INJURY IN	DISCASE READING THE PART TO TH	MGS USED NO STA
E haspital ar attending physician. DIRECTOR, After this certificate has been signed bed for use as the burial-transit permit. Then plea Dept of Health and Mental Hygiene prior to burial them 21 is marked or them 18 shows any injury, ar		gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CARCINGHA OF 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE OF CONTRIBUTING AUSE OF DIFFERENCE OF CONTRIBUTION OF CONTR	DUE TO. (c) CONDITIONS OF RATE PROSPRATE 196 CON 196 CON 196 CON 216 TIME HOUR 216 PLACE (AT HOME S	TAUTRACTA OR AS A CONSEOU ARTERIOSE CONTRIBUTING TO EWITH BEA DITION FOR WHICH OF INJURY A.M. MONTH D P.M. EOF INJURY STREET FACTORY, OFFICE	ENCE OF EROTIC HE DEATH BUT NOT REL METASTAS OPERATION WAS PI AY YEAR 19 ZIE HO FARMETC) ZIE LOC	ART DIS ATED TO THE TERM SIS, CHRON ERFORMED WINJURY OCCUR CATION STREET (my) (aur) apinian	ANNAL DISEASE OR CONDITION OF THE PULL HOME 206 AUTOPSY? YES NOW CITY OR TOWN CITY OR TOWN TO A PRIL 1 death accurred an the date	OD GIVEN IN PART II DISCASE REPORT OB IF YES, WERE FIND IN CERTIFYING CAUSES YES COUNTY 19 and hour and from the	MGS USED SOF DEATH NO str
the haspital at attending physician. L DIRECTOR, After this certificate has been signed tached for use as the burial-transit permit. Then plee to best of Health and Mental Hygiene prior to burial. If them 21 is marked at them 18 shows any injury, at		gave rise to immediate cause (a), stafing the underlying cause last. PART 2 OTHER SIGNIFICANT CARCINGHA OF 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFETTING NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 220. I certify that (I) (this has saw the deceased alive a obove, (I) (we) (did) (did)	DUE TO. (c) CONDITIONS OF RATE PROSPRATE 196 CON 196 CON 196 CON 216 TIME HOUR 216 PLACE (AT HOME S	TAUTRACTA OR AS A CONSEOU ARTERIOSE CONTRIBUTING TO EWITH BEA DITION FOR WHICH OF INJURY A.M. MONTH D P.M. EOF INJURY STREET FACTORY, OFFICE	ENCE OF EROTIC HE DEATH BUT NOT REL METASTAS OPERATION WAS PI AY YEAR 19 216 HO FARM ETC.) MARCH 3 216 do And that in	ART DIS ATED TO THE TERM SIS, CHRON ERFORMED WINJURY OCCUR CATION STREET (my) (aur) apinian	AINAL DISEASE OR CONDITION PUL HOMER 206 AUTOPSY? YES NOT	OD GIVEN IN PART II DISCASE REPORT OB IF YES, WERE FIND IN CERTIFYING CAUSES YES COUNTY 19 and hour and from the	MGS USED S OF DEATH NO str
by the haspital ar attending physician. Rat DIRECTOR, After this certificate has been signed detached for use as the burial-transit permit. Then pleating Dept. of Health and Mental Hygiene prior to burial NT. If them 21 is marked or them 18 shows any injury, an		gave rise to immediate cause (a), stafing the underlying cause last. PART 2 OTHER SIGNIFICANT CARCINGHA OF 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFETTING NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 220. I certify that (I) (this has saw the deceased alive a obove, (I) (we) (did) (did)	DUE TO. (c) CONDITIONS (C) PROSTRATE 196 CON 196 CON 216 TIME HOUR (AT HOME S PITCAL POPULATION APRIL TOTAL TO	TAUTRACTA OR AS A CONSEOU ARTERIOSE CONTRIBUTING TO EWITH BEA DITION FOR WHICH OF INJURY A.M. MONTH D P.M. EOF INJURY STREET FACTORY, OFFICE	ENCE OF EROTIC HE DEATH BUT NOT REL METASTAS OPERATION WAS PI AY YEAR 19 216 HO FARM ETC.) MARCH 3 216 do And that in	ART DIS ATED TO THE TERM S.S. CHRON ERFORMED WINJURY OCCUR CATION STREET (my) (aur) opinion ATTENDING PHYSICIAN [ANNAL DISEASE OR CONDITION OF THE PULL HOME 206 AUTOPSY? YES NOW CITY OR TOWN CITY OR TOWN TO A PRIL 1 death accurred an the date	OD GIVEN IN PART II DISCASE REPORT OB IF YES, WERE FIND IN CERTIFYING CAUSES YES COUNTY 19 and hour and from the	MGS USED S OF DEATH NO str
by the haspital ar attending physician. Rat DIRECTOR, After this certificate has been signed detached for use as the burial-transit permit. Then pleating Dept. of Health and Mental Hygiene prior to burial NT. If them 21 is marked or them 18 shows any injury, an		gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CARCINEHA OF 19a DATE OF OPERATION 71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIRECTOR CONTRIBUTING CAUSE OF DIRECTOR CONTRIBUTION CO	DUE TO. (c) CONDITIONS (C) PROSTRATE 196 CON 196 CON 196 CON 196 CON 197 CON 198 CON	TNTRACTA OR AS A CONSEOU ARTERIOSE CONTRIBUTING TO EWITH BEA DITION FOR WHICH OF INJURY A.M. MONTH D P.M. E OF INJURY STREET FACTORY, OFFICE II It deceased from I	ENCE OF EROTIC HE DEATH BUT NOT REL METASTAS OPERATION WAS PI AY YEAR 19 216 HO FARM ETC.) PARCH ST. and that in DEGREE M.D 220 AD	ART DIS ATED TO THE TERM SIS, CHRON ERFORMED WINJURY OCCUR ATION STREET (my) (aur) apinian ATTENDING PHYSICIAN [I	RED CENTER NATURE OF INJURY II	ON GIVEN IN PART IN Y DISCASE REALISES PART I OR PART 2) COUNTY 19 220 DATE N II AND THE PART I OR PART 2	MGS USED SOF DEATH NO sta
he haspital ar attending physician. DIRECTOR, After this certificate has been signed ached far use as the burial-transit permit. Then pleaded far use as the burial-transit permit. Then pleaded ar Health and Mental Hygiene prior to burial if them 21 is marked or them 18 shows any injury, are	WEDICAL 230.	gave rise to immediate cause last, stating the underlying cause last. PART 2 OTHER SIGNIFICANT CARCINGHA OF 190 DATE OF OPERATION 710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIRECTIVE MEDICAL EXAMIN 21d. INJURY OCCURRED AT WORK AT WORK AT WORK AT WORK AT WORK 220. I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did result of the company of	DUE TO. (c) (c) (c) (c) (c) (c) (c) (c) (c) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	TAUTRACTA OR AS A CONSEOU A RTERIOSEI CONTRIBUTING TO E WITH BEAR DITION FOR WHICH OF INJURY A.M. MONTH D P.M. E OF INJURY STREEL FACTORY, OFFICE If deceased from If ye after death.	ENCE OF EROTIC HE DEATH BUT NOT REL METASTAS OPERATION WAS PI AY YEAR 19 216 HO FARM ETC.) PARCH ST. and that in DEGREE M.D 220 AD	ART DIS ATED TO THE TERM SIS, CHRON ERFORMED WINJURY OCCUR CATION STREET (my) (aur) apinian ATTENDING PHYSICIAN [DRESS	AZA, FROSTBUR	COUNTY TO A GO MD.	NAS USED NGS USED NO STA that (I) (w. causes state SIGNED
retained by the haspital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed is should be detached far use as the burial-transit permit. Then pleawith the State Dept. of Health and Mental Hygiene prior to burial IMPORTANT. If them 21 is marked at item 18 shaws any injury, an	WEDICAL 230.	gave rise to immediate cause last stating the underlying cause last. PART 2 OTHER SIGNIFICANT CARCINGHA OF 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED AT WORK AT WORK 220 I certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did response) SIGNATURE 27d PHYSICIAN'S NAME (TYPE SATURNINA CENTRAL CREMATION, REMOVA (SPECIEV)	DUE TO. (c) CONDITIONS COROSTRATE 196 CON 197 CON 198	TNTRACTA OR AS A CONSEOU A RTERIOSEIC CONTRIBUTING TO E WITH BOAD DITION FOR WHICH OF INJURY A.M. MONTH D P.M. E OF INJURY STREET FACTORY, OFFICE I INJURY INDURY I	ENCE OF ENCTIC HE ENCTIC H	ART DIS ATED TO THE TERM SIS, CHRON ERFORMED WINJURY OCCUR CATION STREET (my) (aur) apinian ATTENDING PHYSICIAN [DRESS STBURG PL OR CREMATORY	AZA, FROSTBUR	COUNTY TO A GO MD.	NAS USED NGS USED NGS USED NO that (I) (w. causes state SIGNED
by the haspital ar attending physician. Rat DIRECTOR, After this certificate has been signed detached for use as the burial-transit permit. Then pleating Dept. of Health and Mental Hygiene prior to burial NT. If them 21 is marked or them 18 shows any injury, an	WEDICAL 230.	gave rise to immediate cause last, stating the underlying cause last. PART 2 OTHER SIGNIFICANT CARCINGHA OF 190 DATE OF OPERATION 710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIRECTIVE MEDICAL EXAMIN 21d. INJURY OCCURRED AT WORK AT WORK AT WORK AT WORK AT WORK 220. I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did result of the company of	DUE TO. (c) (c) (c) (c) (c) (c) (c) (c) (c) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	TNTRACTA OR AS A CONSEOU A RTERIOSEIC CONTRIBUTING TO E WITH BOAD DITION FOR WHICH OF INJURY A.M. MONTH D P.M. E OF INJURY STREET FACTORY, OFFICE I INJURY INDURY I	ENCE OF EROTIC HE DEATH BUT NOT REL WE METASTAS OPERATION WAS PI AY YEAR 19 216 HO FARM ETC.) DEGREE MARCH 220 AD FRO	ART DIS ATED TO THE TERM SIS, CHRON ERFORMED WINJURY OCCUR CATION STREET (my) (our) opinion ATTENDING PHYSICIAN [DRESS OSTBURG PI OR CREMATORY netery	TASE NINAL DISEASE OR CONDITION PUL HOME 206 AUTOPSY? YES NOW RED (ENTER NATURE OF INJURY II CITY OR TOWN APP 12 DIRECTOR PHYSICIA AZA, FROSTBUR 1334 LOCATION CITY OR TOWN CITY OR TOWN CITY OR TOWN AZA, FROSTBUR 1334 LOCATION CITY OR TOWN CITY OR TOWN	COUNTY	mal Fam. NGS USED NGS USED STA that (I) (w. causes state SIGNED 12 -81

STATE OF MARYLAND

0 9 / 2 0

FEDERS

THOUT THE BUSINESS OF THE STATE OF THE STATE

tale the state attended to

YTM STO YMM STELLA

Ouncesting Store was weeter 1 7 Farmer Wall Same.

Maryland allegany Prescious, of his S, Produced Snelly alegan

The state of the s

Hillcrest Burial

Park

Cumberland

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGN

dia Davidson

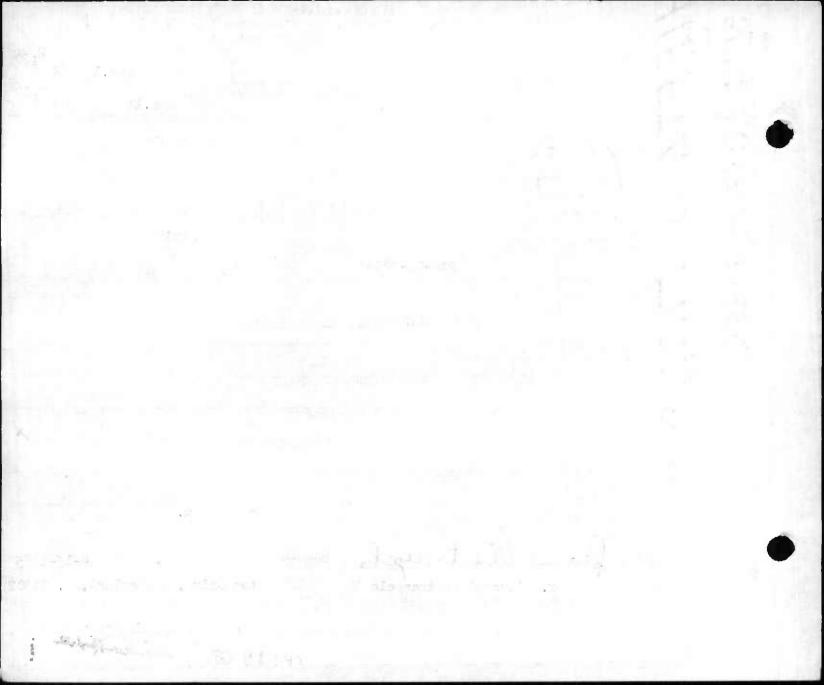
DHMH-17 (VR A15 ME (5)) 15M 2/80 Burial

24. FUNERAL DIRECTOR

James F. Scarpelli.

04-18-1985

Cumberland.



112023	1.	FOR STATE
--------	----	--------------

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE

0	9	1	2	2
U	1	1	Gm.	dia

1 - S	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0		
I. DECE	ASED NAME	F県Sî		WIDDLE	L	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
,		GEORGE	WI	LLIAM	FA	ULKNER		April	13,1985	10:45 M
3. SEX			4. RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Mal	le		White	2	OCTO		61	YRS	MONTHS DATS	HOURS MIN,
	HPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY C		Y OF DEATH	
	ruland		U.S.	4.	WIDOWE		Alle	aanu		MD.
10 CITY	OR TOWN OF		11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION		OF BUSINESS OR
Cu	mberland	i		rial Hosp			U.S. AIr F			Civil Su
USUAL 13a. STA	RESIDENCE (# N	13b COUN		GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS			
Mar	ryland		egany	Cumberla	nd	YES NO	915 Maryla	nd Av	enue /	21502
14. FATE	HER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME			
-	John	C	arl	Faulkn	on	Maude.	Bertel	l	Twi	aa
	S DECEASED EV	ER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	SS		23
(YES	yes	143-	65	217-14-	-4412	Freida Harts	ock-Address	same	as #13	above.
1	8 CAUSE OF DE	ATH (Enter or	ly one cause per	line far (a), (b), one	d (c).				APPROX BETWEEN	ONSET AND DEATH
	PART I. DEATH		D BY: TE CAUSE (a)	Cendra	e 6	ment				
P		use last	(c)	COMEQUE COMMUN CONTRIBUTING TO E	A	NOT RELATED TO THE TER	earl MINAL DISEASE OR CON		IVEN IN PART 10	a1
CERTIFICATION	DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDI	
CAL	TO INJURY OCC	CAUSE OF DE	P. 21e. PLACE	M. MONTH DA M. OF INJURY	19	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM IB		STATE
	WHILE NO	WHILE WORK	(AT HOME STI	REET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
	saw the dece above, (I) (we	eased alive an		e deceased from 19 6 after death.		nd that in (my) (aur) opinion	to 9	ate and ho	our and fram the	
	26. SIGN TURE	Nh	iner			ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR ☐ PHYSIC		22c. DATE	15-85
2	Dr. R.	Barrer				Memorial Av	rial Hospita			_
23a BU	RIAL, CREMATIO	N, REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
Bu	rial		4-16-	85 Co	ok's	Mills Cem.	Cook & MT	115-F	Redford	CaPA.

BP.

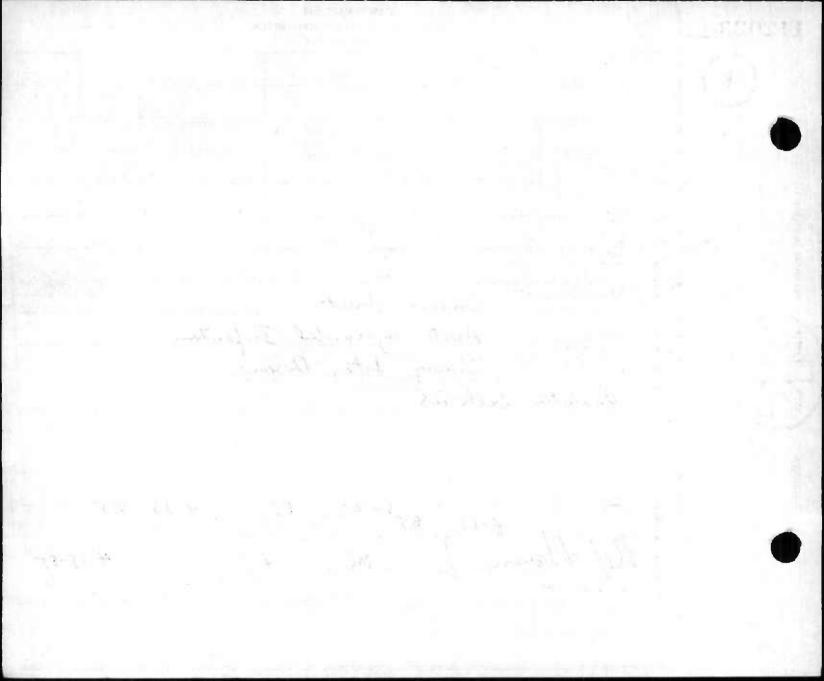
etained by the haspital

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached far use as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A. 202 Greene Street-Cumberland, Md. 21502

250 PATE REC'DERY REGISTRAR 256. REGISTRAR'S SIGNATURE was willing - yanase



STATE OF MARYLAND **CERTIFICATE OF DEATH**

17	9	1	2	4
U		1	dia	-

REG. NO

h .	may be	A,
	Page 4	-
	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler to by the fugured for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be transit permit. Then please remove carbon papers. Pages 1 and 2 should be first within the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
5	urs afte	A A
	24 ho	100
	within	etely 1
E '	xecuted	1 and
	ite be e	ian and
	certifica	physic papers emova
TOTAL STREET, MANUAL	death	tending carbor
	hat the	y the at remove
	duires t	igned by please burial,
	a law re	been s t. Ther
	IN: The	t permi
	YSICIA	certific Il-transi ntal Hy
	NG PH	ter this ne buria and Me
3	rendil	OR: Af
	TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comp should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	TAL.	RAL D detach
	HOSP ained b	FUNE ould be
	To	Show

	DE(CEASED NAME FIRS	A A	NIDDLE	· ·	AST	20 DATE OF DEAT	H MONTH	DAY YEAR	2h HOU
. 1	1	Lym	ian Ki	oscoe	Fi	rey		4	1 85	134
A)	3 SEX	1	4 RACE		S DATE C		& AGE JIN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER
1	1	male	white			-14-1896 YEAR	89	YRS	MONTHS DAYS	HOURS
21	7e BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	D NEVER MARRIED	1 BALTIMORE CI			
20		OUNTRY) MD	USA		WIDOWE		0.0.0	nv		
191	0 CI	TY OR TOWN OF DEATH		OSPITAL, NUR		OR OTHER INSTITUTION	12a USUAL OCCU	PATION	12b. KIND (OF BUSIN
7.4	F	rostburg				rsing Home	retired	231 07 110111111		ing s
105	USU/ 13a. S	L RESIDENCE IF NURSING HOTATE	OME OR OTHER INSTITUTION,	GIVE RESIDENCE BE	FORE ADMISSION)	134 INSIDE CITY LIMITS	13e STREET ADDRI	ss /	154 00	tter
まり			Allegany	LaVale		YES NO 🔯	Old Mt		Road-R	t. 1
AL / 1	A FA	THER'S NAME	MIDDLE	LAST		IS MOTHER'S MAIDEN	NAME MIDE	LE.	14	ST.
The state of the s		Samuel L	. Firey	2.731			e E. Spick			
E !		AS DECEASED EVER IN U.	CAST MAR OR DATES	146 SOCIAL SE		17 INFORMANT	A	DDRESS		
# / E		yes	WW I	312.33	-8299	Mrs. Madora	I. Firey	. LaVa	le. MD -	wife
even even		IN CAUSE OF DEATH (En	ter only one couse per	line for (o), (b)	ond ICI.I		1		APPRO	CMATE INTE
atic		PART I DEATH WAS C	AUSED BY EDIATE CAUSE (0)	(4	Respi	ratery to	reline			
aum aum			DUE TO, OF	AS A CONSEC	DUENCE OF	0 ,-	-		- 1	0
ation ler tr		Conditions, if any, whi	ch ((b)		Me	smany	2		10	ery
r oth			he DUE TO, OF	AS A CONSE	DUENCE OF					0
ial.		underlying couse lo	st (Ic)							
n più	7	PART 2-STHER SIGNIFIC	ANI CONDITIONS CO	NTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TE	MINAL DISEASE OR	ONDITION	GIVEN IN PART 1	"i RI
ior t	J.	19a DATE OF OPERATION	Dement	a ·	Car	N WAS PERFORMED	1 200 AUTOPSY?	Jun	YES, WERE FIND	100000
ne pr	FICA	DATE OF OPERATION	IVE CONDI	I ION FOR WITH	CH OPERATIO	N WAS PERFORMED		IN CER	TIFYING CAUSE	OF DEA
18 s	CERTIFICATION	21a, ACCIDENT WAS UNDERLYIN	NG [] 21b. TIME O	FINITIPY		21c HOW INJURY OCC	YES NO		YES	NO [
tel H	-	OR CONTRIBUTING . CAUSE	OF DEATH HOUR A.	M. MONTH		THE HOLD INSORT OCC	SKED (ENTER HATORE OF	INJURY IN TEM	S, PART I OR PART 27	
Men 3 or 1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXA-	AINER) P./		19	211 LOCATION				
and	ME	WHILE NOT WHILE [LAT MOME STR	EET, FACTORY, OFFE	CE, FARM, ETC)	STREET	CITAC	RTOWN	COUNTY	S
alth is m		22a. certify that (1) (this		deserved from			4	111	10 01-	45-4-011
of He		sow the deceased of	ve on 3/2	19	5	nd that in (my) (pur) opini	on death occurred on t	e dole and h	our and from the	that (I) (
pt. o		22b. SIGNATURE	did not) view the body	ofter deoth.		DEGREE		/	22c. DAT	
e De		57	10 11		MA	ATTENDING	MEDICAL DIRECTOR DAH	STAFF	4	13/
State		224. PHYSICIAN'S NAME (TYPE OR PRINT)	100/	(00	22e ADDRESS	L. DIRECTOR DATA	TSICIAN L		-
IMPORTANT										
N N	23a B	URIAL, CREMATION, REMO	OVAL 23h, DATE	Tz	RAME OF C	L EMETERY OR CREMATOR	234. LOCATION			
2.5	15	Burial	04-04-			ill Cemetery	Cumbei	and	Allegan	V ME
_	24 EI	INERAL DIRECTOR					ATE REC'D. BY REGIST			
16 25M	24 16			ADDRESS			PR 9 198	AKIZIE KING	ISTRAKS SIGNA	TURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

U	7	1	lin	En

REGISTRAR			CERTIF	ICATE OF DEATH	F	EG. NO.		
ECEASED NAME FIRST		MIDDIE		AST	20 DATE OF DE	ATH MONTH	DAY YEAR	2b HOUR 8
DOROTHI	ELIA	н.	GAUGH	AN	April	19, 19	985	р. м
ŁX	4 RACE		S. DATE C		6 AGE IN YEARS	LAST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS. HOURS MIN
Female	Whit	е	Apr	il 24,1915	69	YRS	MORINS DATS	MIN MIN
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9 BALTIMORE	CITY OR COUNT	TY OF DEATH	
Maryland	U.S.	A .	WIDOWE	_	Allega	.ny		MD
CITY OR TOWN OF DEATH Cumberland	(IF NOT IN SUC	HOSPITAL, NURSIN THEACHITY, GIVE STREET / IAL HOSPI	ADDRESS)	DR OTHER INSTITUTION	TYPE CLUSTER FOR	UPATION MOST OF WORKING		of Business or
UAL RESIDENCE (IF NURSING HOME OF LISTATE Maryland All		ISE CITY OR TOWN	N	13d. INSIDE CITY LIMITS?	GOLUM	biaaVe	2154	5
FATHER'S NAME	MIDDLE	TAST		15 MOTHER'S MAIDEN NA		IDDLE		ST.
John		Hopkins	5	Henriet	ta		Smyth '	
WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECU	RITY NO.	17_INFORMANT		ADDRESS	3.0	
No	THE WAR ON DAILS)	217-10-	4596	Mary H. Gau	ighan,	Same a	s 13e	
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b)	R AS A CONSEQUE	117 117	RICES RHOSIS NOT RELATED TO THE SERM	- 2 INAL DISEASE O	V // S	PATTI SIVEN IN PART 1	IK CINIT
190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	- CERT	ES, WERE FINDI FIFYING CAUSES YES	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D THE EITHER NOTHY MEDICAL EXAMIN 21d IN JUNY OCCURRED	CALL .	DE INJURY M. MONTH DA	YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE	OF INJURY IN ITEM 18	3 PART I OR PART 2)	
WHILE NOT WHILE		OF INJURY	4	DI LOCATION SHIEL		1714	COUNTY	STATE
27s.1 certify that of this has say the decembed allow above (1) well allowed a 28s Signas Chr.	2419	ofter death	-/	DEGREE ATTENDING	MEDICAL	STAFF		

FUNERAL DIRECTOR.

ATTENDING PHYSICIAN: The

DHMH - 16 60M 7/84 (VRA 15, 4)

os the buriol-tronsit permit. Ith and Mental Hygiene prior

ONTAILT: If Item 21 is morked or Item 18 shows ony

230 BURIAL, CREMATION, REMOVAL 23b DATE Burial
24 FUNERAL DIRECTOR Apr. 22185

James Raver

Durst Funeral Home, Frostburg, Md. 21532

23c NAME OF CEMETERY OR CREMATORY

Memorial Hospital Medical Building Cumberland, MD 21502

23d LOCATION
CITY OF TOWN
Mt. Savage, mt. Savage, Allegany,

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

Patrick Cem.

And the state of t Acological Monthly Michael Michael

Duret student form, stor days, a. A. S.

FOR 107088

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A .	REGISTRAR					ICATE OF DEATH	REG. N	10		
	CEASED NAME	FIRST		MIDDLE	t.	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(IAbi	E OR PRINT)	CORNEL	IA P.	GOLDEN			April 5,	1985		3:50 8
3. SE	×	4	RACE		5. DATE O		6 AGE (IN YEARS LAST BI	RIHDAY)	MONTHS DAYS	IF UNDER 24 H
	FEMALE		WHITE		SEPT			84 YRS	MONTHS DATS	HOURS M
7a. BI	IRTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
	NNSYLVANIA	U	NITED S	STATES	WIDOWE		ALLE	GANY		
	ITY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS
(Cumberland		Memo		TO THE OWNER OF THE OWNER		HOMEMAKE			
13a. S	AL RESIDENCE (IF NURS STATE ARYLAND	136 COUNT	Υ	GIVE RESIDENCE BEFORE	N		RT.1 BOX		DÉ 3	2176
	ATHER'S NAME				NELAN	15. MOTHER'S MAIDEN NA	ME	71		21/00
	ALFRED	J	-	MELLO		ABBY	MIDDLE		MÔ	RT
	WAS DECEASED EVER (YES, NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)	166 SOCIAL SECU 214-74-		MARGO P. MAN	N Rt.1 Box	K 65	as Md	2176
	18 CAUSE OF DEAT					MANGO F. MAN	N Little L	Jriear	ns Md.	2176
	PART I. DE ATH W	IMMEDIATE		Chivon	ric .	Renal Fa	ilure			
	Canditians, if any, gave rise to imm couse 101, statin underlying cause	nediote g the	DUE TO, OF	R AS A GONSEOUE	NCE OF	enss, mell, tu		-		200
CATION	gave rise to imm couse (0), statin underlying cause	nediate g the last NIFICANT CO	DNDITIONS CO	R AS A GONSEOUE ONTRIBUTING/O	DEATH BUT			20b IF YE	S, WERE FINDIN	GS USED
TIFICATION	gave rise to imm couse (0), statin underlying cause PART 2 OTHER SIGN	nediate g the last NIFICANT CO	DNDITIONS CO	R AS A GONSEOUE ONTRIBUTING/O	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20h IF YE IN CERT		GS USED
CAL CERTIFICATION	gave rise to imm couse (0), statin underlying cause PART 2 OTHER SIGN	nediate g the last NIFICANT CO	10 IC)	R AS A GONSEOUE DATRIBUTING OF ITION FOR WHICH FINJURY M. MONTH DA	NCE OF PATH BUT	NOT RELATED TO THE TERM	1NAL DISEASE OR CON 200 AUTÓPSY? YES NO	20b IF YE	ES, WERE FINDIN IFYING CAUSES (ES []	GS USED OF DEATH?
MEDICAL CERTIFICATION	gave rise to imm cove 101, statin underlying cause PART 2 OTHER SIGN 19a, DATE OF OPERA 21a, ACCIDENT WAS UNIC OR CONTRIBUTING	nediate g the lost NIFICANT CO TION DERLYING	19b CONDI 19b CONDI 19b CONDI 19b CONDI 19b PLACE C	R AS A GONSEOUE ONTRIBUTING OF ITION FOR WHICH FINJURY M. MONTH DA M.	OPERATION YEAR 19	NOT RELATED TO THE TERM	1NAL DISEASE OR CON 200 AUTÓPSY? YES NO	20b IF YE IN CERT Y	ES, WERE FINDIN IFYING CAUSES (ES []	GS USED OF DEATH?
	gove rise to imm couse 101, stotin underlying cause PART 2 OTHER SIGN 190, DATE OF OPERA: 21d, ACCIDENT WAS UNE OR CONTRIBUTING CONT	nediate g the lost NIFICANT CO TION DERLYING CAUSE OF DEATH CALEXAMINER RED RED (this hospita	19b CONDITIONS CC	R AS A GONSEOUE TION FOR WHICH FINJURY M. MONTH DA M. DEFINJURY THEET, FACTORY, OFFICE F	OPERATION Y YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21L HOW INJURY OCCURE 21L LOCATION STREET	INAL DISEASE OR CON 200 AUTÓPSY? YES NO DED TED (ENTER NATURE OF INJURE) CITY OR IC	20b IF YE IN CERT Y URY IN ITEM IB	ES, WERE FINDING CAUSES (ES	NGS USED OF DEATH! NO STAIL
	gove rise to imm couse 101, stotin underlying cause PART 2 OTHER SIGN 19a, DATE OF OPERA: 21a, ACCIDENT WAS UNE OR CONTRIBUTING C CURE (IF EITHER NOTIFY MEDIC 21d INJURY OCCURE WHILE NOTIFY MEDIC 22a, I certify that (1) saw the decease above, (b) (we) (c)	nediate g the lost NIFICANT CO TION DERLYING CAUSE OF DEATH CALEXAMINER RED RED (this hospita	19b CONDITIONS CC	R AS A GONSEOUE TION FOR WHICH FINJURY M. MONTH DA M. DEFINJURY THEET, FACTORY, OFFICE F	OPERATION Y YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURE 21l. LOCATION STREET . 19 and that in (my) (our) opinion of	INAL DISEASE OR CON 200 AUTÓPSY? YES NO DED TED (ENTER NATURE OF INJURE) CITY OR IC	20b IF YE IN CERT Y URY IN ITEM IB	ES, WERE FINDINIFYING CAUSES (ES	NGS USED OF DEATH' NO STA'
	gove rise to imm couse 101, stotin underlying cause PART 2 OTHER SIGN 190, DATE OF OPERA: 21d, ACCIDENT WAS UNE OR CONTRIBUTING CONT	nediate g the lost NIFICANT CO TION DERLYING CAUSE OF DEATH CALEXAMINER RED RED (this hospita	19b CONDITIONS CC	R AS A GONSEOUE TION FOR WHICH FINJURY M. MONTH DA M. DEFINJURY THEET, FACTORY, OFFICE F	OPERATION Y YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCURR 211. LOCATION STREET . 19 and that in (my) (our) opinion of the performance o	INAL DISEASE OR CON 200 AUTÓPSY? YES NO DED TED (ENTER NATURE OF INJURE) CITY OR IC	20b IF YE IN CERT Y JURY IN ITEM IB	ES, WERE FINDING CAUSES (ES	NGS USED OF DEATH: NO STAI that (1) (we couses state
	gove rise to imm couse 101, stotin underlying cause PART 2 OTHER SIGN 19a, DATE OF OPERA: 21a, ACCIDENT WAS UNE OR CONTRIBUTING C CURE (IF EITHER NOTIFY MEDIC 21d INJURY OCCURE WHILE NOTIFY MEDIC 22a, I certify that (1) saw the decease above, (b) (we) (c)	nediate g the lost NIFICANT CO TION DERLYING CAUSE OF DEATH CALEXAMINER TED (this haspita d dive an did) (did nat) ME (TYPE OR P	19b. CONDI 19b. CONDI 19b. CONDI 21b. TIME O HOUR AJ P.J. 21e PLACE ((A1 HOME, SIR I) attended the	R AS A GONSEOUE TION FOR WHICH FINJURY M. MONTH DA M. DEFINJURY THEET, FACTORY, OFFICE F	OPERATION Y YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCURR 211. LOCATION STREET . 19 and that in (my) (our) opinion of the performance o	200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSIC	TOD IF YE IN CERT Y JRY IN ITEM IB DWN Jate and ha	COUNTY 19 19 19 19 19 19 19 19	NGS USED OF DEATH' NO STA'

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camp should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 min with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or attending physician.

TO HOSPITAL

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT APPOINT

- STATE REGISTRAR				CERTIF	ICATE OF DEATH	R	EG. NO.			
1. DECEASED NAME (TYPE OR PRINT)	FIRST VERA	1	IDDLE		BENSTEIN	20. DATE OF DE	ATH MONTH	25 -	YEAR	26. HOUR 4 35 _M
3. SEX	4.	RACE White		S. DATE O	DE BIRTH	6. AGE (IN YEARS		MONTHS	FUNDER 1 YEAR MONTHS DATS Y OF DEATH IZE KIND OF INDUSTRY HOME Street / Dick Same as APPROXIMA BETWEEN ON VEN IN PART 1/0 S, WERE FINDING FYING CAUSES O ES PART 1 OR PART 2)	IF UNDER 24 HRS
BIRTHPLACE (ST. COUNTRY) Maryland 10. CITY OR TOWN C		U.S.A.		WIDOWE	D NEVER MARRIED DED W DIVORCED DO OTHER INSTITUTION	9 BALTIMORE (llegani			MD.
Cumberla:	nd	Cumberl	And Nursa	ing H	lome	HOmem	MOST OF WORKIN		DUSTRY	
Maryland	13b. COUNTY Alle		Cumberla	1	13d. INSIDE CITY LIMITS?		ress hestnut	Stre	ret	/ 21502
John	Jo	seph	Becker		15. MOTHER'S MAIDEN NA	M	zabeth		Dic	kel
160. WAS DECEASED (YES, NO OR UNKNO)			214-07-04		Karl F. Greb	enstein-	Address Address	same		
Conditions, in governise to couse (a),	immediate	DUE TO, OR	AS A CONSEQUEN	418	la Vara	larder	á.c.			
PART 2. OTHE	Save H	tp.	Acut	A	NOT RELATED TO THE TERM	200 AUTOPS	7 0 CA	YES, WERE	E FINDI	Farther,
OR CONTRIBUTION	G CAUSE OF DEATH	P.A	A. MONTH DAY	Y YEAR	21c. HOW INJURY OCCUR		OF INJURY IN ITEM	YES	PART 2)	NO 🗌
AT WORK	NOT WHILE		ET, FACTORY, OFFICE, FA	7.8	STREE1	CI	TY OR TOWN			STATE
sow the d	not (I) (this hospital eccosed alive on (we) (did) (did not)	1 April	19		nd that in (my) (our) opinion DEGREE	deoth occurred or	the date and	hour ond f	rom the	that (II (we) lost couses stated SIGNED

22e ADDRESS

1048 Bishop Walsh Drive-Cumberland, Md.

230 BURIAL, CREMATION, REMOVAL BURIAL 23b. DATE

FOR

12213

23c NAME OF CEMETERY OR CREMATORY Peter & Paul Cem. 23d. LOCATION Cumberland-Allegany Co.-Md.
C.D. By REGISTRAR 234 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/82

mould be retached for use as the burial-transit permit. Then please remith the first Dept. of Health and Mental Hygiene prior to burial, cremits the first

WPORTANT. If Hem 21 is marked or Hem 18 shows

TO FUMERAL DIRECTOR: After this certificate has been

etoined by the hospital

74 FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A. (VRA 15, 4) 202 Greene Street-Cumberland, Md. 21502

M.D

4-27-85

the state of the s

	deot
	fter
1201	0073
1D 2	24 ho
TLAN	Pig.
AAR	3
RE, A	ecute
MO	e e
ALT	te b
T. B	rhfico
NO	9
EST	deo
V. PR	the
0 0	tho
IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ure
COR	3
E RE	be lo
VITA	<u></u> ∠ .
90	KIN.
Sion	PHYS
DIV.	NG
	END.
1	HOSPITAL OK ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after dea
	NO.
	OSPITAL O
	HOS

		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH M	ONTH DAY YE	AR 26 HOUR
	{TYPE	ELIZA	REBECCA	HAGGERTY	APRIL 1,	1985	4:15P
	3 SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHE		
1	1	Female	White	10-9-1899 YEAR	85	YRS	DATS HOURS M
5		RTHPLACE (STATE OR FOREIGN OUNTRY)	U.S.A.	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR ALLEGAN	COUNTY OF DEAT	Н
2	6	mberland	(IF NOT IN SUCH FACILITY GIVE STREET	ING HOME OR OTHER INSTITUTION TADDRESS) ART HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Homemaker		ND OF BUSINESS
13	110. S		ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 134. CITY OR TO Ipshire Purgits	WN 134 INSIDE CITY LIMITS	Rt. 1, Box	ZIP CODE X 45	999
14	FA	James Da	widd Shoemak	15 MOTHER'S MAIDEN Mary	E . MIDDLE	Leather	man
2	177	VAS DECEASED EVER IN U.S. AR EES NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES		ADDRES	Same	
	1/4		nly one cause per line for (a) (b), o		OHS		PPROXIMATE INTERVA
r other traumat		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE (c)	\sim	lelswom	a	
vs any injury, or other traumat	FICATION	gove rise to immediate couse (0), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO	\sim	200 AUTOPSY?	206 IF YES, WERE FI IN CERTIFYING CAI	INDINGS USED
2	CERTIFIC	gove rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH ALL TIME OF INJURY HOUR A.M. MONTH IS	DEATH BUT NOT RELATED TO THE TE H OPERATION WAS PERFORMED DAY YEAR 216 HOW INJURY OCC	200 AUTOPSY?	206 IF YES, WERE FI IN CERTIFYING CAI YES	INDINGS USED USES OF DEATH? NO
29	MEDICAL CERTIFICATION	gove rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH ALL TIME OF INJURY HOUR A.M. MONTH IS	DEATH BUT NOT RELATED TO THE TE H OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION	200 AUTOPSY? YES NO X	206 IF YES, WERE FIN CERTIFYING CAI YES	INDINGS USED USES OF DEATH? NO
is morked or them 18 shaws any injury, or other traumat	-	gove rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IFETHER, NOTIFY MEDICAL EXAMINE AT WORK NOTE OF THE AT WORK NOTE OF THE ORIGINAL CONTRIBUTION ORIGINAL CONTRIBUTION OF THE ORIGINAL CONTRIBUTION OF THE ORIGI	DUE TO, OR AS A CONSEQUENCE OF THE PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE OITS) attended the deceased from	DEATH BUT NOT RELATED TO THE TE H OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET 19	200 AUTOPSY? YES NO X URRED FENTER NATURE OF INJURY CITY OR TOWN	206 IF YES, WERE FIN CERTIFYING CAI YES IN 11LM 18 PART I ORPAR COUNT , 19	INDINGS USED USES OF DEATH? NO
in 21 is morked or frem 18 shaws any injury, or other traumat	-	gave rise to immediate couse (0), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE CHETHER, NOTIFY MEDICAL EXAMINE AT WORK 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (this hosp sow the deceased alive or obove, (1) (we) (did I (did no obove, (1) (we) (DUE TO, OR AS A CONSEQUENCE OF THE PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE OITS) attended the deceased from	DEATH BUT NOT RELATED TO THE TE H OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET 19 , and that in (my) (our) opining	200 AUTOPSY? YES NO X URRED FENTER NATURE OF INJURY CITY OR TOWN	20b IF YES, WERE FIN CERTIFYING CAL YES IN 11LM 18 PART I OR PAR COUNT 1 19	INDINGS USED USES OF DEATH2 NO STAT
TI THEM 2.1 IS MOTKED OF THEM TO SIGNATURE IN THE TROUMON OF THE TROUBON OF THE TROUB OF THE TROUBON OF THE TROUBON OF THE TROUBON OF THE TRO	-	gove rise to immediate couse (o), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AL WORK 22a.1 certify that (1) (this hosp saw the deceased alive or obove, (b) (we) (did) (did not county).	DUE TO, OR AS A CONSEQUENCE OF INJURY ATH HOUR A.M. MONTH IN P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE OF INJURY)	DEATH BUT NOT RELATED TO THE TE H OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION 51REET DEGREE DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO X URRED FENTER NATURE OF INJURY CITY OR TOWN	20b IF YES, WERE FIN CERTIFYING CALL YES IN 11LM 18 PART I OR PAR COUNT 1 19 e and hour and from	INDINGS USED USES OF DEATH? NO
MPORTANT: If Item 21 is morked or Item 18 shows any injury, or other traumat	-	gave rise to immediate couse (0), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE CHETHER, NOTIFY MEDICAL EXAMINE AT WORK 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (this hosp sow the deceased alive or obove, (1) (we) (did I (did no obove, (1) (we) (DUE TO, OR AS A CONSEQUENCE ON DITTIONS CONTRIBUTING TO THE CONDITION FOR WHICE OF INJURY HOUR A.M. MONTH IN P.M. 216. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE OFFICE) OF INJURY (AT HOME STREET FACTORY, OFFICE OFFICE) OF INJURY (AT HOME STREET FACTORY).	DEATH BUT NOT RELATED TO THE TE H OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN 220 ADDRESS	200 AUTOPSY? YES NO X URRED (ENTER NATURE OF INJURY CITY OR TOWN 10 on deoth occurred on the date	20b IF YES, WERE FIN CERTIFYING CAI YES IN 11LM 18 PARI I ORPAS COUNT 19 e and hour and from	INDINGS USED USES OF DEATH? NO

PLACAS OF MARIE C. FLATERAL FORS

AND THE MINISTER AVE

ELIZA SERCOS INCOBERN ARRIL 1 1085 L

0001-0-01

1/21/21/21/21/14

THE RESIDENCE OF THE PROPERTY OF THE PROPERTY

if the professional continues in the second second

manuscrisci i i profesione servicione servicione de la companione de la co

page () septa elficat apparer --

الم المحدد الربيا المحدد المح

20217 OH "Gir Townso, "erve no we cannel 500

enting to account the lord will bid and to be labour

. 1. 1 . 17

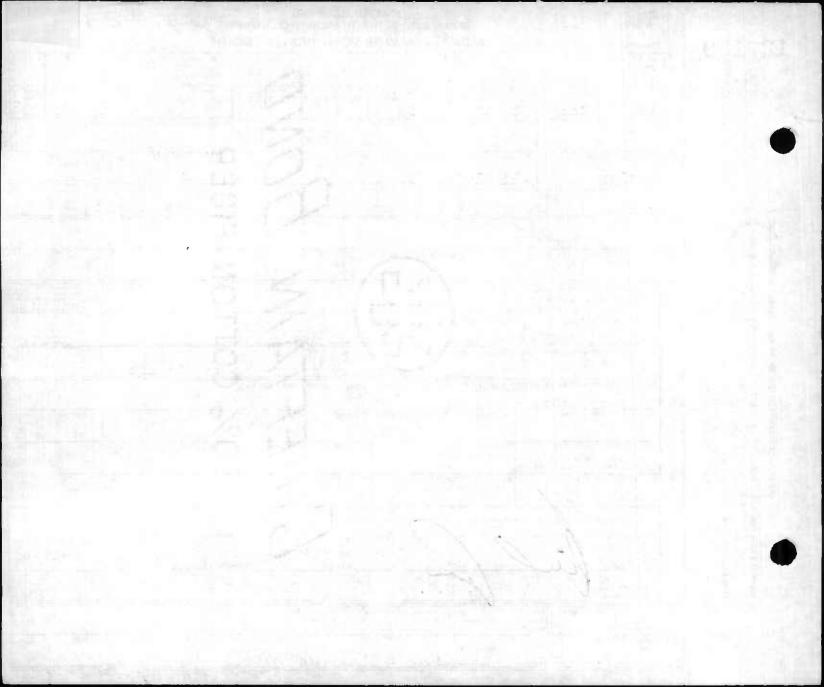
400600	11-	FOR STATE REGISTRAR		EPARTMENT OF HEALT	MARYLAND H AND MENTAL HYGIEI CERTIFICATE OF DE		1 2	8	
123138		CEASED NAME FIR	rter McNeil	Harness J	r.	20 DATE KNOWN OF ESTI- DEATH MATED		1 185	26. HOUR am 10:50
200	3 SEX	ale whit	e 01 24		INDER T YR. IF UNDER 24 HRS OTHS DAYS HOURS MIN.		04 21		10 500 AM
	Ma	RTHPLACE (STATE OR REIGN COUNTRY). TYLANG	76. CITIZEN OF WH	WIDO	RIED NEVER MARRIED 🛣	Allega	ny		MD
BAY IS PAGE PAGE	Ci	mberland	Sacred	PITAL, NURSING HOME, OR O Heart Hospital		rectional	000	OR INDUSTR	Y
AND 3 RETAIN	13WS		OTHER INSTITUTION, GIV	Ridgeley		Reet ADDRESS Route 28	4	1999	9
DEATH DEATH OF AND		THER'S NAME Carter McN			Willa Virg	inia Giles		LAST	
AALTIMO GIVE PA GIVE PA PAGES VISION	{Y	VAS DECEASED EVER IN U.S. ES, NO. OR UNKNOWN) (IF YES)	S. ARMED FORCES? S. GIVE WAR OR DATES) 955-1957	166. SOCIAL SECURITY NO. 220-32-3978	Mr. Warren R	. Harness,			
ON ST. I		PART I DEATH WAS CA	EDIATE CAUSE (a)		RDIAL INFARCTIO	N .		APPROXIMATE BETWEEN ONSET	
W. PRESTON VITHIN 24 FENCIL IN ITE MINER ALCH I RANSIT PE ENTAL HYGIE OR REMOVA		Canditians, if any, v gave rise ta imme cause (a) stating the u	which diate (b) COR	ONARY ARTERYS AS A CONSEQUENCE OF	DISEASE				100
> 0%3,50		lying cause last.	(c)						
L RECORDS, 201 ULU BE EXECUTE! "PENDING" IN I F MEDICAL EXA ED AS A BURIAL HEALTH AND M A.L, CREMATION,	TION	190 DATE OF OPERATION		OUT NOT RELATED TO THE TERMINAL DISE				70 AUTOPSY?	33
F VITAL RI TE SHOULD WORD "PE FE CHIEF A SE USED. ENT OF HE	CERTIFICATION	710 EXTERNAL CAUSE WA			HOW INJURY OCCURRED (ENTE	AAA STI UN VOIHIUN SO SOITTAIN O	IS PART 1 OR SART	YES 🗆	NO N
DIVISION OF VITAL SCRIFFICATE SHOU RITING THE WORD " RED TO THE CHIEF RE 3 SHOULD BE USE RE 3 SHOULD BE USE RE 10 SPRARMENT OF H 01 PRIOR TO BURRAL	MEDICAL CE	UNDERLYING OR CONTRIBUTING CAUS	HOUR A.M	. MONTH DAY YEAR	OCATION		TOPAKI YOKYAKI	61	
12 AAAA	WE	WHILE NOT WHILE AT WORK		ORY, FARM, ETC.)	STREET	CITY OR TOWN	COUN	aTY .	STATE
MINER: TIFICATE BE FORT ECTOR: TH THE SYLAND,			charge of the remains des Natural causes	Accident , Suicide	npsy , Inspection , Und	Inquiry A	ond in my apir],	nian	
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH WITH THE ST.		ACTUAL SIGNATURE	en Ill	detraylo	M.D. DEPUTY ME	DICAL EXAMINER	DATE SIGNED	4/21/	85
TO MEDIA EXECUTE PAGE 4 S TO FUNE BALTINO				rangelo, M.D.	ADDRESS 900 Setor	Drive Cun	mberland	d, Md 2	L502
1998P9	(URIAL CREMATION, REMOVE BUTIAL UNERAL DIRECTOR	04-24-198	85 Sunset Memor	rial Park C	umberland, BY REGISTRAR [25b. RE		ny, Md.	ATE
OHMH - 17 (VR A15 ME (5)) 20M 4/82		MAMUames F. S	carpelli, Ci	umberland, Md. 2	21502 APR 24	1985 John	Davidson	Pandall	1

property The forest occurred to the district from Correct to the free of Francisco Company Design Company AND THE PARKS OF T .bt was offered as the set of the distance frames at State of the state

DHMH - 17

(VR A15 ME (5))

James F. Scarpelli, Cumberland, MD 21502



	1	FOR
,	1060	- STA REG
	前書物語に	DECEA:
4	PY. PLEA DIRECTO DOUR FILE ZY HOU ON STREE	3 SEX FE
	SSA YES	le BIRTH

13e. STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

,	7	1	13	-
	DEC	NO	,	

OR INDUSTRY

LAST

20 AUTOPSY?

YES

STATE

DEIAN	I IAIT I AI	AL LIEVE	III	WELL COL	III CONTENTE	1
MEDICAL	EXAM	INER'S	CERTI	FICATE	OF DEATH	

ISTRAR		MEDICALEXA	AMINER	'S CERTIF	CATE OF D	EATH REG. NO	0./			
SED NAM	Rut	h Cather	ine	Ha	rtman	OF ESTI-	MONTH 4	3	YEAR 19 85	26 HOUR 4:30
MALE	WHITE	FEBRUARY 22 APR 1913		MONTHS DAYS	IF UNDER 24 HR	PRONOUNCED DEAD	MONTH 4	3 3	YEAR 1985	26 HOUR 5 45 A
PLACE (STATE OR COUNTRY)		76 CITIZEN OF WHAT COUNTRY?	^	MARRIED N	EVER MARRIED [ALLEGANY	RCOUNT	Y OF D	EATH	MD
RTOWN	OF DEATH	11 NAME OF HOSPITAL, NURSING	G HOME, OF	OTHER INSTIT	UTION 12a	USUAL OCCUPATION (TYPE	OF WORK	126 KIN	ID OF BUS	SINESS

MA O. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION CUMBERLAND ETHE STREE

13c. CITY OR TOWN

LAST

MEISTER

CLIMBERT AND

USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

13d INSIDE CITY LIMITS? 13e STREET ADDRESS

MARYLAND ALLEGANY 14. FATHER'S NAME FIRST MIDDLE LAWRENCE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES)

13b. COUNTY

ELSTE ZEMBOWER 7 INFORMANT 166 SOCIAL SECURITY NO ADDRESS

15 MOTHER'S MAIDEN NAME

FIRST

P	ART I DE ATH WAS CAUSED BY	ne couse per line for (a), (b), and (c), Dementia and malnutition (c) AUSE (a) Present Dementia and malnutition	BETWEEN ONSET AND E
9	conditions, if ony, which gove rise to immediate ouse (a) stoting the <u>under</u> -ying cause last.	(b) Contributory A.S.C.V.D. Due to, or as a consequence of	

STREET

	See I I
a EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH
NDERLYING OR	HOUR A.M. MONTH
ONTRIBUTING CAUSE OF DEATH	P.M.

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) DAY YEAR

(SPECIF

19 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK AT WORK

211 LOCATION

22a. 1	certify	that I took	charge o	f the	remoins	described	obove,	held	an
andh u	مديرافه ط	leam.	Matural	aura	. 1	0 101	Г	7	

Autopsy Inspection Homicide Undetermined mi

	and	in my op	inion		
onner					
		DATE	4-	3	-1

COUNTY

SIGNATURE EXAMINER'S NAME (TYPE OR PRINT

19a. DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED?

CITY OR TOWN

230 BURIAL CREMATION REMOVAL 236 DATE BURIAL

23c. NAME OF CEMETERY OR CREMATORY 6 1985 SUNSET

23d. LOCATION CUMBERLAND 25a. DATE REC'D. BY REGISTRAR

24 FUNERAL DIRECTOR

ACTUAL

NAME ADDRESS

FUNERAL HOME CUMBERLAND

07/84 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

EXAMINER ALONG W

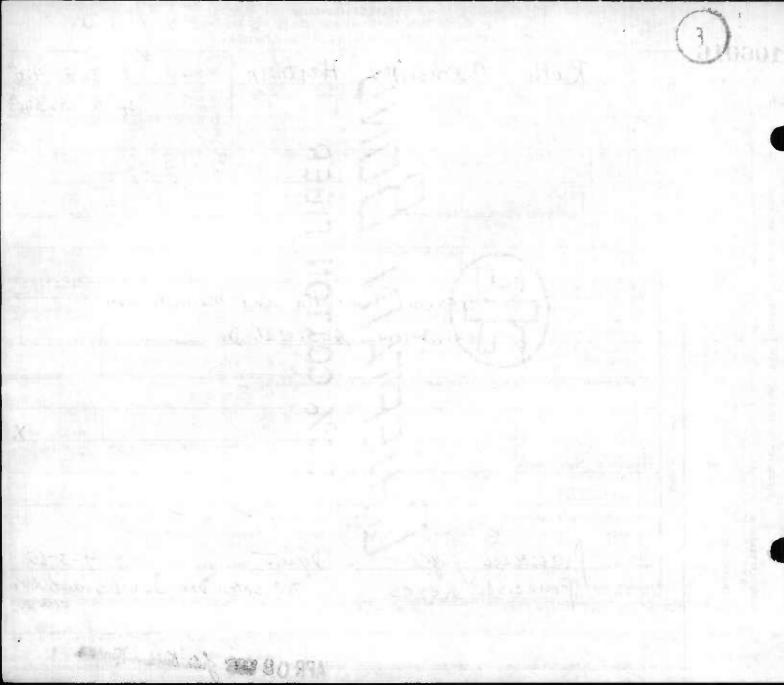
EXECUTE THE CERTIFICATE, WRITING THE WORD "F PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO HALLAL DIRECTOR; PAGE 3 SHOULD BE USED BATTE DEATH, WITH THE STATE DEPARTMENT OF HE BALL MATER LAND "THE STATE DEPARTMENT OF HE

USED AS A BURIAL - TRANSIT FERMI OF HEALTH AND MENTAL HYGENE RIAL, CREMATION, OR REVIONAL

CERTIFICATI

MEDICAL

DHMH - 17 (VR A15 ME (5))



FOR

~	2	Z.
9	7	
4	C	
_	王	
DK	3	
<	-	
2	e	
m,	3	
Ö	8	
ž	6)	
=	0	
4	0	
a 0	0	
3	No.	
5	ē	
Z	Ö	
0	÷	
S	e	
2	0	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24th	
3	to	
_	=	
20	45 63	
vi	- 2	
9	0	
Ö	5	
Ŭ	3	
2	0	
	P.	0
_	-	0
>	Z	1ys
u.	₹	Q.
0	2	0
Z	S	E
0	I	20
=	10	116
<u> </u>	7	0
ы	0	õ
	Z	-
	E	2
	A	250
	00	ř
	0	e
	A	-
	E	0
	Q.	75
	0	e
	I	ō
	0	retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

0	0	1	3	-
6	-	4		-

REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO			
1 DECEASED NAME	FIRST		MIDDLE	1	AST	-	20 DATE OF DE	EATH MONTH		YEAR	2b HOUR
(TTPE OR PRINT)	ELLA	M	AE	HA	ARVEY			04	22 8	35	2010P,
3. SEX female		4. RACE Whit	e	5 DATE C	F BIRTH	57	6 AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS.	DAYS	IF UNDER 24 HRS
70 BIRTHPLACE (SIL	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVERA	AARRIED VORCED	1	CITY OR COUN		ATH	M
CUMBERLA			HOSPITAL, NURSIN THE FACILITY GIVE STREET, AL HOSP 17	G HOME C			120 USUAL OC (TYPE OF WORK FO house)	R MOST OF WORKING	GLIFE) INDL	JSTRY .	F BUSINESS O
USUAL RESIDENCE (130. STATE MD	136 COU		GIVE RESIDENCE BEFORE 134 CITY OR TOW Cumber	Ν .	13d INSIDE C	ITY LIMITS?	130 SIREET AD	PRESS / ZIP CO • Mechai	nic St	tree	et/2150
14. FATHER'S NAME	eph Sch	illing	LAST			FIR LOU		MIDDLE		tA5	r
160 WAS DECEASED (YES, NO OR UNKNOW		MED FORCES? /E WAR OR DATES)	213-22-		Mrs. C		. Carrol	ADDRESS L1, Cumb			MD MATE INTERVAL ONSET AND DEATH
PART 2 OTHER	SIGNIFICANT		ONTRIBUTING TO D				200 AUTOPS	7? 20b. IF	YES, WERE RTIFYING C	FINDIN	GS USED OF DEATH?
OR CONTRIBUTION (IF EITHER NOTE 214 INJURY OF		HOUR A. P. 21e PLACE	M. MONTH DA	19	211 LOCATION STREET		RED (ENTER NATUR	E OF INJURY IN ITEM	YES 18 PART I OR P		NO
27a 1 certify the saw the debaye, (1) 27b.	eceased alive or we) (did) (did no	of view the body	de deceased from 19 10 10 10 10 10 10 10 10 10 10 10 10 10	-	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR N	STAFF PHYSICIAN TITAL ME	haur and fro	DATE	SIGNED 24-88
230 BURIAL CREMA	TIANO J	23b. DATE			EMETERY OR (CREMATORY	Z3d LOCATH	21502 ON TOWN	COUNT	y	STATE
(SPE Buria) 24 FUNERAL DIRECT James F.	OR	04-25- lli, Cur	-1985 R mberland,		ill Cem 1502		Cumb E REC'D. BY REG		Alle	IGNAT	URE

20 13	10	Val	ПАН	
	25			
YTHUG	YIMARE LIA			

CHROSENAND HD LINGHORLAN HOSPITAL & HEDICAL ONTH

MEMPRIAL HISTORY MILLOY, SEDE COMESTANDING TIPOT SCHAERFER FUNERAL HOME

4 RACE

26847

White

MIDDLE

76. CITIZEN OF WHAT COUNTRY?

CLEMENT

1 - STATE PETERSBURG, W

AUDREY

REGISTRAR

Female

O CITY OR TOWN OF DEATH

BIRTHPLACE ISTATE OF FOREIGN

DECEASED NAME

(TYPE OF PRINT)

3 SEX

DIVISION OF VITAL DHMH - 16 60M 7/84

MPORTAN

(VRA 15, 4)

SACRED HEART HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE Homemaker Cumberland JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY III STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Petersburg YES [] Box Grant FATHER'S NAME MIDDLE Kimble Nettie William Franklin Spitzer ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (IF YES GIVE WAR OR DATES) Owen Hedrick Rt 6, Box 51 Cumberland, Md 218-68-4096 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and ic PART I. DEATH WAS CAUSED BY cardio respiratory IMMEDIATE CAUSE (a). Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CHF 20b IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO V 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE STREET CITY OF TOWN (AT HOME STREET FACTORY, OFFICE FARM ETC.) WHILE NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased fram sow the deceased alive an above, (I) (we) (did) (did not) view the body after death and that in (my) (aur) opinion death occurred on the date and have and from the couses stated 226. SIGNATURE DEGREE 224. DATE SIGNED MD ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 224 PHYSICIAN'S NAME (TYPE OR PRINT) BALJEET MAHAL. M.D. 909-B SETON DRIVE, CUMBERLAND, MD 21502 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIF Burial 4-5-85 Hill Cemetery Tract 24 FUNERAL DIRECTOR 2684

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MARRIED KNEVER MARRIED

1910

DIVORCED [

HEDRICK

5. DATE OF BIRTH

Nov

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

20 DATE OF DEATH MONTH

A AGE (IN YEARS LAST BIRTHDAY)

120 USUAL OCCUPATION

APRIL 2. 1985

9 BALTIMORE CITY OR COUNTY OF DEATH

ALLEGANY COUNTY,

26 HOUR

12h KIND OF BUSINESS OR

IF LINDER 21 MPS

300001

EVELOUS F TERRENISE TAL DURING THE

NOT REEL

3401 0 11447

1226. 4 1111. 12 111

DORLO ON THE DESIGNATION OF SERVICE STREET

7777

CLEENT

1077500 1 11/19 HE 70 15

O.O.M. LAHAM TUEL MER

21e PLACE OF INJURY (AT HOME

water

STREET, FACTORY, FARM, ETC 1

27a I certify that I took charge of the remains described above, held on

Natural causes

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF
KKECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING" IN PENCIL IN 11EM. 18. GIVE PAGES 1, 2,
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALIONG WITH FORM PM. 3.
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AMD 2.5
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. DIVISION

> DHMH - 17 (VR A15 ME (5))

> > 20M 4/82

MEDICAL

CONTRIBUTING CAUSE OF DEATH

WHILE AT WORK THE

21d INJURY OCCURRED

death resulted frame

EXAMINER'S NAME 111 Penn St., Balto., Md. 21.201 Dennis F. Smyth, M.D. (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial 04-15-1985 Davis Memorial Cemetery Cumberland Allegany 24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, MD 21502

211 LOCATION

Autopsy XX

subject recovered from water

Assistant MEDICAL EXAMINER

Inspection

Homicide

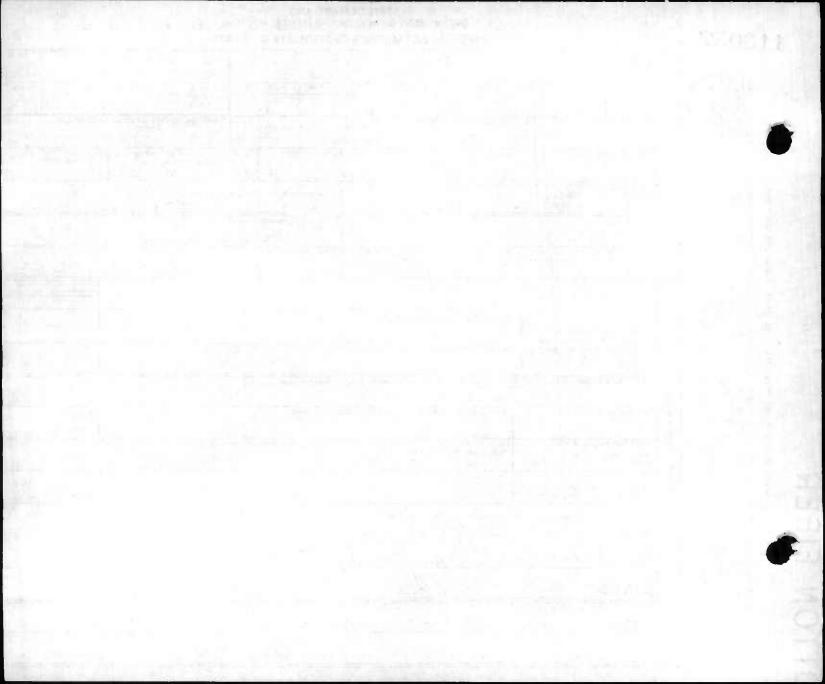
TITLE (SPECIFY)

Balto. St. Bridge & Wills Creek, Cumberland,

Undetermined manner XX

Allegany Co., Md.

4-13-85



5	- 0
5	5.
5	9
0	4.
Z	15
4	1/2
~	1.5
≪	100
Z	1
m,	30
Ö	×
Ž	61
page 1	٥
×	5
	Ü
10	=
Z	9
0	£
ST	0
OC.	0
-	ŧ
3	õ
5	£
20	9
5	5
2	0
0	-
W.	ó
- N	0
4	P
5	
IA.	⋖
0	0
Z	× ×
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ENDING PHYSICIAN: The law requires that the death certificate be executed with
5	0
0	Z
	9
	2

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	0	1	1	13
U	1	1	U	-

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO			
I DECEASED NAME	FIRST	WIDDLE		AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
(TYPE OR PRINT)	ROBERT	STANLEY		HOPKINS	March 29,	1985		5:05 a
3 SEX	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRT		UNDERTYEAR	IF UNDER 24 HRS
Male	T.	Thite	Oct	. 17,1911	73	YRS	N'HS DATS	HOURS MIN.
O BIRTHPLACE (STATE		ZEN OF WHAT COUNTRY	MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY O	-	FDEATH	
Maryland OCITY OF TOWN OF			WIDOW		Allega USUAL OCCUPATE		101 101 10 10	OF BUSINESS OR
Cumberland	I (IF)	ME OF HOSPITAL, NURS NOT IN SUCHFACILITY, GIVE STRE Memori	al Ho	spital	Truck D		Tran	
Maryland		13c. CITY OR TO	ORE ADMISSION)	134 INSIDE CITY LIMITS?	Rt. 1, B	zip cope	9, 21	532
FATHER'S NAME FIRST John	MIDDLE	Hopkin	a	15 MOTHER'S MAIDEN NA		Sm	yth "	51
6g WAS DECEASED EV	FR IN U.S. ARMED FO			17 INFORMANT	ADDRE			
YES NO OR UNKNOWN	W.W. 2	216-07	-9088	Margaret H	lopkins, S	ame a	s 13e	
Conditions, if a gave rise to couse (o), st underlying co	immediate oring the use lost	(b) AUCULE TO, OR AS A CONSEQ (c) IONS CONTRIBUTING TO		NOT RELAND TO THE TERM	UNAL DISEASE OR CONI	DITION GIVEN	J IN PART 1	0
NO SYZ		cur le	ins	abrem				
19a DATE OF OF	RATION 196	CONDITION FOR WHIC	TH OPER #110	N WAS PERFORMED	YES NO	206 IF YES, YES YES	NG CAUSES	NGS USED S OF DEATH? NO []
On COLUMNIA IN LOCAL	CAUSE OF DEATH	TIME OF INJURY OUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)	
OR CONTRIBUTING (IF EITHER NOTIFY) 21d INJURY OCC WHILE NO AI WORK AT		PLACE OF INJURY HOME STREET FACTORY, OFFICE	E, FARM ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		ended the deceosed from			to			that (1) (we) las
saw the decaboy, (I) (w	eosed alive an e) (dig) (did nat) view t	he body ofter death.		nd that in (my) (our) opinion DEGREE ATTENDING	MEDICAL STAF		22c DATE	
14/	1 sames	1		PHYSICIAN	DIRECTOR PHYSIC	IAN 🗌	19-	1-81
Dr. Ba	NAME (TYPE OF PRINT)			22e ADDRESS 500'	Memorial Av	e.		

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as with the State Dept of Health TO FUNERAL DIRECTOR

O HOSPITAL

IMPORTANT: If hem 21 is

and Mental Hygiene prior ta burial, crematian. After this certificate has been signed by the as the burial-transit permit. Then please

> 23b. DATE 230. BURIAL, CREMATION, REMOVAL Burial

23c NAME OF CEMETERY OR CREMATORY

Memorial Med. Bldg., Cumberland, MD 21502
EMETERY OF CREMATORY 23d LOCATION

31,1985 Frostburg Mem.Pk. Frostburg, Allegany, Md. Mar.

24 FUNERAL DIRECTOR DAVE RECURENCE GISTRARIS BY BATTURE Durst Funeral Home, Frostburg, Md

No. Tell. Pruck Briver Tremeror vo. with the form of the state of the senting of the AND IN MALE CLARES THE STREET STREET SAN AND ASSESSMENT

District I. T. D. 1995 250 class Uct. At. 150 page 501, IC .- 1

The principal plane, Prosubles, 20.

KIGHT FUNERAL HOME

FIRST

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL STATE REGISTRAR 309 DECATOR ST. CUMBERLAND CERTIFICATE OF DEATH

YEAR

0 0 0 7 7 6

ARCIENES O 3 1 9	2
REG. NO. 20 DATE OF DEATH MONTH DAY YEAR	Tai HOUR
APRIL 13, 1985	6:10Am
6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTHS DAYS	
71 YRS	MODES MIN.
9 BALTIMORE CITY OR COUNTY OF DEATH	
ALLEGANY COUNTY	MD.
120 USUAL OCCUPATION TYPE OF WORKED MOST OF WORKING LIFE INDUSTRY MET - PlantProtection	on Tire C
	21530
NAME MIDDLE	AST.
Louise (Unkn	
n Howard Same as ab	•ve
rrest Mo	XIMATE INTERVAL
Perdiamenter Disease	
RMINAL DISEASE OR CONDITION GIVEN IN PART 1	a
200 AUTOPSY? 206 IF YES, WERE FIND IN CERTIFYING CAUSE YES YES	INGS USED S OF DEATH?
URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
CITY OR TOWN COUNTY	STATE
an death occurred an the date and haur and fram the	, that (I) (we) last e causes stated
MEDICAL STAFF DIRECTOR PHYSICIAN A	13, 198
SETON DRIVE CUMBERLAND. A	

BMG 912 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23b. DATE Apr 16. 1985

23d LOCATION

Hillcrest

STREET

ATTENDIN

PHYSIC IA

Cumberland Allegany Md. 250. DATE LEED. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Burial 24 FUNERAL DIRECTOR

www.doon-Pandalle

112024

- STATE

DECEASED NAME

ASTALR CROIL HOWARD ASPAIL IS 1005 o. Heers distatone x t. 1, or 55 2195) The section are the business of the section of the

 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE

0	0	1	"4	6
U	1	1	V	V

0	0	1	"4	6
0	4	1	V	0

	REGISTRAR				CERTIFI	CATE OF DEATH	R	EG. NO.		
	CEASED NAME	FIRST		MIODLE	LA	351	20 DATE OF DEA	ATH MONTH	DAY YEAR	2h HOUR
7		IZABE	ETH	Μ.	HYDE		APRIL 15	. 1985		2:25P. _M
1 56			4 RACE		S. DATE O	F BIRTH	6. AGE (IN YEARS)		IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Female		White		WONTH	1 1997	87	YRS	MONTHE DATS	HOURS MIN.
	RTHPLACE STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY	Y? 8	D MENER MARRIED D	9. BALTIMORE C		Y OF DEATH	1
	aryland		U.S.A		WIDOWEI	DIVORCED D	Alleg	any Cou	nty	MD
0.0	ITY OR TOWN OF DEA	ATH			ING HOME O	R OTHER INSTITUTION	12a USUAL OCC			F BUSINESS OR
CH	MBERLAND			CH FACILITY, GIVE STRE		EDICAL CENTER	Aid Re	tired	HOSP:	ital
USU.	AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE AOMISSION)	13d INSIDE CITY LIMITS?		DECC / 71D COL	25	
	ryland	Alle	egany	Barton	OWN	YES NO A	13e STREET ADD	2152	1	
4. F.	ATHER'S NAME					15. MOTHER'S MAIDEN NA				
N	lathan		MIDOLE Cre	awford		Sarah	AAS	Wine	brenner	51
	WAS DECEASED EVER			166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRESS		
(YES NO OR UNKNOWN)	(IF YES GIV	VE WAR OR DATES)	217-10-	-7150	Mrs. Ruth Fas	zenbaker	Barto	n, Md.	21582
	18 CAUSE OF DEAT	H (Enter or	dy one cours no	7				1	APPROX	IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH W	AS CAUSE	D BY:	Ca	dia	1/ocall	80 / ATL	HALL	CA STATE	UNSET AND DEATH
		IMMEDIA	TE CAUSE (o)	1	000	10	-cu og	11000	-/-	
	Conditions if	11.1	DUE TO, C	R AS A CONSEC	HENCE OF	Co Solun	Vac:	100	ideah	
	Conditions, if ony, gave rise to imm	mediote	(b)_		1	Ceracio	vocse	14 00	1441	
	couse (0), stating underlying couse	lost.	DUE TO, C	DR AS A CONSEG	WENCE OF					
	DADY O OTHER SIGN	11515 4115	(c)	ON TRANSPORTED TO	* D. C. A. T. L. D. L. T. L.	MOVED TO THE YEAR		50.40.410.4.6	diam ni a i az i	7
Z	PART 2 GHER SIGH	14	NO T	101) t	CAA IA	NOT RELATED TO THE TERM	O A 1	CONDITION G	VENTO PARTI	Lebull
CERTIFICATION	19a DATE OF OPERA	TION	19h CONE	DITION FOR WHICH	TH OPERATION	WAS PERFORMED	200 AUTOPSY	2/ 120b IF Y	ES, WERE FINDI	WGS HISED
FIC			Jacon I			- Que la contractión de la con		IN CERT	IFYING CAUSES	OF DEATH?
ERT	71a ACCIDENT WAS UNI	DERLYING T	7 21b. TIME C	OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE	_	PARL CREARIZE	NO [
	OR CONTRIBUTING		110110 4	.M. MONTH	DAY YEAR		(Citiza in out	J	, , , , , . , , , , ,	
ICA	(IF EITHER NOTIFY MEDI			M.	19	TH LOCATION				
MEDICAL	21d INJURY OCCUR			OF INJURY	E FARM ETC)	211. LOCATION STREET	CIT	YORTOWN	COUNTY	STATE
	AT WORK AT WO	RK L			-	1100		1.1	ain	
	220.1 certify that ()		/ / / /	-	0 1	19 80	to	165/		that (we) lost
	sow the decease obove, (1) (we) (a	ed olive on did) (d id no	view the body	ofter deoth.		d that in (pd) (our) opinion	deoth occurred on	fhe date ofd ho		
	226. SIGNATURE			1	1 10	DEGREE	· Cores	CTAFF	22c DATE	SIGNED
			7	Herot	1 lul	ATTENDING PHYSICIAN	DIRECTOR P	STAFF HYSICIAN [14	16/81
	22d. PHYSICIAN'S N	AME (TYPE C	OR PRINT)	-		MEMORIAL HOS	PITAL	MEDICAL	L BUILD	NG
	DR NATHA	N				CUMBERLAND.				

23c. NAME OF CEMETERY OR CREMATORY

Laurel Hill Cemetery

DHMH - 16 60M 7/84

DEFLORER L DIRECTOR: After this certificate has been signed by the ottending physician and cannot be associated for use as the burial-transit permit. Then please remove carbompapers. Pages in the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

OR ATTENDING PHYSICIAN: The

retained by the hospital or attending physician.

injury, or other troumotic

MPDRIANT: If Hem 21 is morked or Hem, 18 sho

23e. BURIAL, CREMATION, REMOVAL Burial

(VRA 15, 4)

23b. DATE 4/18/85 Boals Funeral Service Westernport, Md. 21562

23d LOCATION
Barton Allegany Maryland

11 1 1897 . Herdig Domity Coffee H Feeling blA fSSTS f. In x moto-8 years business Crawf rd Savek pen wantant. Str., Note Machine Researche. 21-21

hardward wasself andres the means Ifth January (8501) fales

the transport dervice Assistances, et. 21962 Will 1 U 285 Li. Telemore, et.

STATE OF MARYLAND

0	63	1		-
0	7	1	3	4

MEDICAL	EXAMINER'S	CERTIFICATE O	OF DEATH

0			STA	TE OF MARYLAND	- 0 5 1	-1
12	FOR STATE			HEALTH AND MENTOL H	YGIENE U 9 /	0/
11	REGISTRAR	N	EDICAL EXAMIN	ER'S CERTIFICATE O	F DEATH REG. NO.	
	CEASED NAME FIRST	,	MIDDLE	LAST	2a. DATE KNOWN A	NIH DAY YEAR ZE HOU
[TY	Bet	TUP.	Lea	Jennines	OF ESTI- DEATH MATED	+ 2 1985 1:06
3 SE		S. DATE OF BIR	TH 6 AGE (IN YE)	ARS IF UNDER 1 YR. IF UNDER		
	F 111	2 2	Y YEAR LAST BIRTHDA	MONTHS DAYS HOURS	MIN PRONOUNCED 14	2 1,85 5:10
Do P	IRTHPLACE (STATE OR		2 30 55 YE		A BALTIMORE CITY OR CO	
	REIGN COUNTRY)	11	. S. A.	MARRIED NEVER MARRIE	- L	
10.6	Klahoma	Cla	-	WIDOWED DIVORCE	32	
1/2	ITY OR TOWN OF DEATH		OSPITAL, NURSING HOME FACILITY, GIVE STREET ADDRESS)	, OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WI	ORINDUSTRY 1
Seattle .	umberland		Heart Hosp.		Collège Teach	er toucatio
10100	AL RESIDENCE (IF IN NURSING HO)	AE OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION TO THE TOWN A		M3e STREET ADDRESS / -	21502
1	aryland A	llegany	Cumberle		107-A take 1	Drive (Bel-Air
Ų. F	ATHER'S NAME	-		15. MOTHER'S MAIDE	NNAME	
1	Williams	MIDDLE	Bethany	Cloul.	e a	Bethany
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY		ADDRESS	Porterry
- 0	YES, NO, OR UNKNOWN) (IF YES, O	IVE WAR OR DATES)	445-28-	1514 STATE P	plice Md.	
-				717 714 6 1	office John.	I company of a first
	18. CAUSE OF DEATH (Enter PART I DEATH WAS CAU	only one couse per l SED BY:		to the Man	the water	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
1		IATE CAUSE (o)	Gunshot	to the Mour	th, with mass	ive
1	e 10 9 1		OR AS A CONSEQUENCE	1		
	Conditions, if ony, wh		oss of pr	ain tissue	-	
	lying couse lost.	er DUE TO,	OR AS A CONSEQUENCE O	OF .		
	171119 60036 1031.	(c)				
	PART 2 OTHER SIGNIFICANT CONDITION	INS CONTRIBUTING TO DE	ATH RUT NOT RELATED TO THE TERM	INAL OISEASE OR CONDITION GIVEN IN PAR	T 1 :a	
8	MILL TO A					
CERTIFICATION	19a. DATE OF OPERATION	196 CON	DITION FOR WHICH OPER	ATION WAS PERFORMED?		20 AUTOPSY?
8	1000					YES NO NO
- N	210 EXTERNAL CAUSE WAS		OF INJURY	21c. HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 PART L	
	UNDERLYING OR		A.M. MONTH DAY YEAR			
MEDICAL	CONTRIBUTING CAUSE C		P.M. 19 CE OF INJURY (AT HOME.	211 LOCATION		
8	WHILE NOT WHILE		FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK					
	22a I certily that I took ch	orge of the remains	described obove, held on	Autopsy , Inspection	Inquiry A ond in m	ny opinion
	death resulted from: No	oturol couses ,	Agrident . Su	cide Homicide	Undetermined monner	
	Α	*	/	TITLE (SPECIFY)		
1	ACTUAL TYA	ucisio	leyez	Deputy	MEDICAL EXAMINER SI	ATE 4-2-1985
1	SIGNATURE -		1.1	M.U.	MEDICAL EXAMINER SI	GNED
1	EXAMINER'S NAME FY	ancisco	Keyes	400000 900	Seton Dr. Cum	nberland, Md.
220 5	URIAL, CREMATION, REMOVA			AETERY OR CREMATORY	T23d LOCATION	2-1000
230.6	SPECIFY)		ZIC. NAME OF CEN	METERT OR CREMATORT	CITY OR TOWN	COUNTY STATE
	Removal	4/3/85				

07/84 25M

DHMH - 17 (VR A15 ME (5)) 24 FUNERAL DIRECTOR Anatomy Board

ADDRESS Balto., Md. PROPERC'D BY REGISTRAR 336 REGISTRAR'S SIGNATURE
Suhia Davidson-Randa

1	0	20)2	> 1
	24 hours after death Page 4 may be	filled in by the	ed to the warm of the death	A STATE OF THE PARTY OF THE PAR

DURST FUNERAL HOME STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 57 FROST AVENUE CERTIFICATE OF DEATH REGISTIFICOSTBURG, MD 28 DATE OF DEATH MONTH L DECEASED NAME 26 HOUR WANDA **JOHNSON** APRIL 3. 1985 9:12A M 4. RACE 5 DATE OF BIRTH 3 SEX Nov. 5, 1923 White Pemale 9 BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ALLEGANY COUNTY. Maryland U.S.A. WIDOWED 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Honemaker Nown Home SACRED HEAR T Cumberland UAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS Allegany Frostburg 13d INSIDE CITY LIMITS? 130 78 BOWERY St., 21532 Maryland 15 MOTHER'S MAIDEN NAME Osborne Richardson Emma ADDRESS 78 BOWERY St. 166 SOCIAL SECURITY NO 17 INFORMANT Darrell Frenzel, Frostburg, Md. 218-12-5634 18 CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) gove rise to immediate 21a, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN AT HOME STREET, FACTORY, OFFICE FARM ETC.) 22s.1 certify that it (this be and that in (my) (our) opinion death accorded on the date and hour and from the causes stated DEGREE ATENDING DEDICAL STAFF MPORTANT 48 TARN TERRACE, FROSTBURG, MD 236 NAME OF CEMETERY OR CREMATORY Burial Apr. 5, 1989 Frostburg Mem. Pk. Frostburg, Allegany, Md. ISA DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

Durst Funeral Home, Frostburg,

APRIL 3 1085 C STAN

DARWAY TATH SACKED HEVE A MORELLAY REMAINS DARWAY TOWN HOME

Man Allegang Frontbung X 78 Bestury Do., 188

CHARGE ONL M.D. HER TERROLOGIC, REDCEPTURE, NO. 21575

STATE OF MARYLAND

46	REGISTRAR	F FIRST		IDDLE		CATE OF DEATH	10.04	REG. NO.	DAY YEA	. In
in	PECEASED NAM	Elsie			-	lwell	20 DAI	4/03/85	H DAY YEA	3:55am
3 5	EV	LISIC	4 RACE	₹.	5 DATE O		LACE	IN YEARS LAST BIRTHDAY)	IF UNDER I	
	fema	le	whi	te	"O'T'			73		AYS HOURS MIN
5	BIRTHPLACE (S COUNTRY) Maryl			VHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED		IMORE CITY OR CO	UNTY OF DEAT	H MD
710	Erasthi	OF DEATH	11. NAME OF HI (IF NOT IN SUCH Frost	OSPITAL, NURSING FACILITY, GIVE STREET A BURG COMN	G HOME O DORESSI OUN T ty	Hospital	12e USI	UAL OCCUPATION WORK FOR MOST OF WORK OMEMAKER	12h KII	Home
5 lik	Md RESIDENCE	(IF NURSING HOME OF	other institution, of the state	Frostbu		134 INSIDE CITY LIMIT YES NO	5? 13# STR	63 Glenn S	t.,	21532
TH.	FATHER'S NAM		R. R	emp el		15 MOTHER'S MAIDEN	NAME		Mc Farl	
1 1100	WAS DECEASI (YES, NO OR UNKN	D EVER IN U.S. AR DWN) (IF YES, GIVI	WAR OR DATES)	214-01-		D Mrs. J	anet	ADDRESS Knieriem	Frost	
	18. CAUSE C PART I. D	EATH WAS CAUSE	ly one couse per l D BY 'E CAUSE (o)	ine for to , (b), and		oma P	mea	st	METY	PROXIMATE INTERVAL ZEEN ONSET AND DEATH
l	gove rise	if any, which to immediate stating the	DUE TO, OR	AS A CONSEQUE		ide Spr	ead 1	net aste	si 5	years.
z		ER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D		NOT RELATED TO THE	-			r l(o)
TIFICATION		OPERATION	196 CONDIT	ION FOR WHICH		WAS PERFORMED		AUTOPSY? 20b.	IF YES, WERE FI	NDINGS USED USES OF DEATH?
A CERT	OR CONTRIBUT	WAS UNDERLYING [ING] CAUSE OF DEA		MONTH DA	Y YEAR	21c HOW INJURY OC	CURRED (ENT		M 18, PART I OR PAR	12)
MEDICAL	21d. INJURY	NOT WHILE AT WORK	210 PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	saw the	that (I) (this haspi deceased alive an) (westeld) did no	41-	108	5.00	that in (my) (our) ope	nian death ac	curred on the late on	d hour and fram	that (I) (we) last the couses stated
	22b. SIGNAT		Sla	u-dh	w	FOREE ATTENDIN	IG MEDIC	CAL STAFF TOR PHYSICIAN [23	3/85
		S.L. S				22. ADDRESS 48 Tarn	Terra	ace, Frost	burg, M	d 21532
	BURIAL CREM		23b. DATE			METERY OR CREMATO		OCATION		

DHMH-16 25M (VRA 15, 4) 1/79

Durst Funera 1 Home, Frostburg, Md.

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

Record. Syncholarisates, James Latership, 1997 and 1997 a

· His control of the control of the

57 FROST AVENUE

REGISTRAR FROSTBURG, MD

109114

DHMH - 16 60M 7/84

(VRA 15, 4)

1 - STATE

(TYPE OR PRINT)

1. DECEASED NAME

STATE OF MARYLAND DURST FUNERAL HOME DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH 2h HOUR 4:55P DARL KIDWELL APRIL 8. 1985 IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY. 12h KIND OF BUSINESS OR INDUSTRY News Co. Luzier Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEA mos 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ? COUNTY STATE and that in (my) (aur) apinian death accurred an the date and have and tram the causes stated 22c DATE SIGNED 21532 Allegany. Durst Funeral Home, Frostburg, Md. Al

112501

LITE: LACE KIDWELL & APPLIE 8, 1005 CASES

selection of the land of the selection o

THE STATE OF THE S

S CORD HEART HORRITAL -- Indiano Daniel Du.

The colors of the second of th

the group and government and the property and the property and

contract a second larger, depositioning with the party of the contract of the

A SECTION AND ADDRESS OF THE RESIDENCE OF THE PARTY OF TH

... 216-18-1284, Oliver Laid Lin, Sanc and Discher

STON ST., BALTIMORE, MARYLAND 2120	(soth certificate by executed within a hour	tending physician and wompletery lind in by	on, or removol.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by examined within a higher retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and marginality. Ind in by should be detached for use as the burial-transit permit. Then please remove corbon poper. Pages	with the State Dept. of Depth and Mental Hygiene prior to buriot, cremation, or removal.
		TO HOSPITAL OR ATTENDING PHYSICIAN: The Iretoined by the hospital or attending physicion.	TO FUNERAL DIRECTOR: should be detoched for us	with the State Dept. of He

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumotic event, the medical

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENT AT HY GTEN	E
CERTIFICATE OF DEATH	

l	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGTENE REG. NO.	
	DECEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
L		Lmer Clayton	n K _i tzmiller	April 14. 1	985 6:00 A
3	SEX	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
1	Male	White	June 6, 1911	73 YRS	MONTHS DATS HOOKS MIN
7	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR COUNTY	OF DEATH
	Maryland	U.S.A.	WIDOWED DIVORCED [Allegany	MD.
110	McCoole	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION EST ADDRESS) 52 Keyser	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE Retired	126 KIND OF BUSINESS OR INDUSTRY B and O RR
i i	SUAL RESIDENCE (IF NURSING HOME 30 STATE 136 COL Md All	or other institution, give residence ber UNTY 13% CITY OR TO Legany McCoo.	Le YES NOTE	P.O.Box 462	2/502 Keyser
1	Clayton	MIDDLE Kitzmil	ler Maude	- MIDDLE Har	vey
11	60 WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)		M. Kitzmiller	Keyser, W. V. P.O. Box 462
		DUE TO, OR AS A CONSECT (c) OLD T CONDITIONS CONTRIBUTING THE STENSION	RIOSCLEROTIC CAR	RMINAL DISEASE OR CONDITION GIV	
	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING			YES NO X YE	FYING CAUSES OF DEATH?
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	DEATH HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION	URRED (ENTER NATURE OF INJURY IN ITEM 18, F	PART 1 OR PART 2) COUNTY STATE
	22a I certify that (I) (this has saw the deceased olive o obave, (I) (we) (did)	pital) attended the deceosed from	, and that in (my) (aur) opini	on deoth occurred on the date and hau	
	22b. SIGNATURE	131LL		STAFF DIRECTOR PHYSICIAN	274. DATE SIGNED 4/17/85
	D. B. SHA	OH M.D.		th Mineral Street	, keyser, w. 20126
2	30 BURIAL, CREMATION, REMOVA (SPECIFY) Burial		Potomac Mem. Gar		neral W.VA

DHMH - 16 50M 1/76

24 FUNERAL DIRECTOR (VR A 15 (4))

ALLEN ROTRUCK

KEYSER, W. VA.

Gardens Keyser MINERAL W

TEP: Oleycon ; calling. | april 6; not paid 1981 sale ____ adda o non o lift no Fi Timedia to the same of an inter-ru. Allegany whedoole A .u.sox on evact - Lower - store religion - new of-EV. U. Telyga THE WARD PRODUCE M. MITCHIEF P.O. SEX DEST SHARE SHOULD MANAGEMENT AND SERVICE AND SE 7-14 5 50 Maria To Lor de Perceso Fon, Gardens Jest al not of Carroll

77		CEASED NAME FIRST	as Lloyd	Krause	April 22, 1985	26 HOUR 2:50a
	3. SE		4 RACE	5. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 H
	-	Male	White	Aug 26 1914	70 YRS.	NIHS DATS HOURS A
15		RTHPLACE (STATE OR FOREIGN PA	76 CITIZEN OF WHAT COUNTRY Somerset		BALTIMORE CITY OF COUNTY O	
1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE SACRED HEART H		176 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Coal Miner	126 KIND OF BUSINESS INDUSTRY
1	13a.3	TATE PULLED	DROTHER INSTITUTION, GIVE RESIDENCE BEFO UNTY 136 CITY OR TO	AES UND THE STATE OF THE STATE	RD 4 Meyersda.	le 1555:
56	2	John Krau	MIDDLE LAST	15 MOTHER'S MAIDEN	Mary	K1 otz
2		VAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES!		ADDRESS	of obnesses
-		No	217-07-	7958 Hilda M.	Krause RD 4 M	eyersdale APPROXIMATE INTERVA BETWEEN ONSET AND DE
other than		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	UENCE OF		
Des any injury, or other trau	TIFICATION	gove rise to immediate cause (a), stating the underlying cause last.	(c)	DEATH BUT NOT RELATED TO THE TE		WERE FINDINGS USED NG CAUSES OF DEATH
en, la sittore any injury, or other tridu	AL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN C V A L 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE	T CONDITIONS CONTRIBUTING TO THE PROPERTY OF THE CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TE TYPEV CALCUM THE OPERATION WAS PERFORMED 214 HOW INJURY OCC.	200 AUTOPSY? 200. IF YES, N IN CERTIFYII	WERE FINDINGS USED NG CAUSES OF DEATH
riked or hem, IS skillers any injury, as other trass	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTING TO THE PROPERTY OF THE CONDITION FOR WHICH	D DEATH BUT NOT RELATED TO THE TE TYPEV CALCUME THE OPERATION WAS PERFORMED 21c HOW INJURY OCCUPANTS 19 211 LOCATION	200 AUTOPSY? 201. IF YES, V YES NO W IN CERTIFYII YES	WERE FINDINGS USED NG CAUSES OF DEATH! NO 1
n 21 is marked or Nem, IS shows any injury, as other trass		gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHEY MEDICAL EXAMINATION OF CONTRIBUTION OF	T CONDITIONS CONTRIBUTING TO I 9b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	DEATH BUT NOT RELATED TO THE TE YPEV CACCUM THOPERATION WAS PERFORMED 211c HOW INJURY OCC 19 211 LOCATION STREET 19 31 JOCATION STREET 19 31 JOCATION STREET	200 AUTOPSY? 201. IF YES, IN CERTIFYII YES NO W IN THEM IS PARI	WERE FINDINGS USED NG CAUSES OF DEATH' NO 11 1 OR PART 2) COUNTY STA
NT, if them 21 is marked as them, 16 status any injury, as other trass		gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIT 21d, INJURY OCCURRED AL WORK 27a. I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did) 27b. SIGNATURE	T CONDITIONS CONTRIBUTING TO IND. CONDITION FOR WHICE DEATH HOUR A.M. MONTH P.M. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) Spital) attended the deceased from an interval of the bady after death.	DEGREE DEATH BUT NOT RELATED TO THE TE TYPEV CALCUME 21c HOW INJURY OCC 21l LOCATION STREET DEGREE ATTENDING PHYSICIAN	206 AUTOPSY? 206. IF YES, VIN CERTIFYII YES NO DE YES VES URRED (ENTER NATURE OF INJURY IN ITEM 18 PARILLY OR TOWN 10 In deoth occurred an the date and hour of MEDICAL STAFF	WERE FINDINGS USED NG CAUSES OF DEATH? NO 11 OR PART 2) COUNTY STAT
ADORTANT; if them 21 is marked as them, 18 shows any injury, as other train		gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHEY MEDICAL EXAMINATION OF CONTRIBUTION OF	T CONDITIONS CONTRIBUTING TO I 9b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) Spital attended the deceased from an analysis will be adjusted to the polysis of the polysi	DEGREE DEATH BUT NOT RELATED TO THE TE TYPEV CALCUME THOPERATION WAS PERFORMED 21c HOW INJURY OCC 21l LOCATION STREET DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? 200 AUTOPSY? 200 IF YES, IN CERTIFY! YES NOW URRED (ENTER NATURE OF PUJURY IN TEM 18 PARI CITY OR TOWN CITY OR TOWN A DIRECTOR PHYSICIAN ON Drive, Cumberland	WERE FINDINGS USED NG CAUSES OF DEATH NO 11 1 OR PART 2) COUNTY ST. COUNTY ST. And from the causes stat 22C DATE SIGNED 4/22/8

AND LEWIS VANARA SEED OF RESPONDE Bort 22 Thes ering ginare ···· admod vencelle 2002 1900 And Same SEARCH DE Manural 4 05 - 2 ma et ma cie 1000 217-97-7959 Hilde M. Arwere RD & Assertation 904 A Serve Prive, Order and, 'D 21502 . sieral la dom. encial Arr 25,88 Philos

3	
4	
2	
-	
3	
in .	
9	
5	
. 3	
u.	
Ÿ.	
)	
5	
of .	
2	
E-	
n .	
7	
5	
-	
3	
N.	
2	
2	
2	
23, 201	
NO2, 201	
0803, 201	
CORDS, 201	
GEORGE, 201	
SECUROS TO	
AL RECURSO, 201	
II AL RECORDS, 201	
VII AL RECORDS, 201	
TALL RECORDS, 301	
OF VITAL RECORDS, 201	
NOT VITAL RECORDS, 201	
ON OF VITAL RECORDS, 101	
SION OF VIEW RECORDS, 201	
HISTORIOF VITAL RECURSO, 201	
INISION OF VITAL RECORDS, 201	
UNISION OF VITAL RECURDS, 201	

112011	FOR 1 - STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 0 9
eo th	1 DECEASED NAME FIRST (1YPE OR PRINT)	MIDDLE	LAST	MARCH 21, 19
ector. poo	3 SEX Male	4 RACE White	S. DATE OF BIRTH May 15, 1906	6 AGE (IN YEARS LAST BIRTHDA
2 50 0	TO BIRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	XY? 8	9 BALTIMORE CITY OR C

25 HOUR 85 9:18A. M IF UNDER 24 HRS MONTHS DATS YRS OUNTY OF DEATH MARRIED NEVER MARRIED Alleghany West Virginia DIVORCED [12n USUAL OCCUPATION 125 KIND OF BUSINESS OR MEMORIAL HOSPITAL & MEDICAL CENTER (TYPE OF WORK FOR MOST OF WORKING LIFE)
Mail Carrier U.S.Mail CUMBERLAND 13c CITY OR TOWN 3a. STATE Pendleton COUNTY 13d INSIDE CITY LIMITS? Rt. #1 Box 52 W. Va. Riverton NOX YES [] 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME LAST MIDDLE Cena Harman Elmer Lambert ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO (IF YES GIVE WAR OR DATES) IYES NO OR UNKNOWN) Letha Kisamore, Riverton, W.Va.26814 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 DUF TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NOT NO [21g. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 215 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDIC ALEXAMINERS P.M. 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY STATE (AT HOME STREET FACTORY OFFICE FARM, ETC.) MATTE NOT WHILE 22a I certify that (I) (this haspital) attended the deceased from

saw the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view, the body ofter death 224. DATE SIGNED 22b SIGNATURE DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT)

22 MEMORIAL HOSPITAL MEDICAL BUILDING

CUMBERLAND, MARYLAND H. C. MERRICK 21502 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE

Mar. 23, 1985 North Fork Memorial Burial

Riverton, W.Va. 26814

24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Franklin, W.Va.268 Basagic Funeral Home

DHMH - 16 60M 7/84 (VRA 15, 4)

CRTANT

in a little to the state of the

× . . .

The state of the s

ne de la companya de

1
21201
LAND
MARY
BALTIMORE
STON ST.
PRE
201 W
RECORDS,

DIVISION OF VITAL

109124

STATE OF MARYLAND

0	0	7	0	4.5
U		8		

1-	STATE REGISTRAR		DEPARIM	CERTIF	ICATE OF DEA		REC	, NO.			
	CEASED NAME FIRST OR PRINT)	MI	IDDLE	· ·	AST		20. DATE OF DEAT	HINOM	DAY	YE AR	26 HOUR
	Minnie	M;	ae	Lev	vis			04	07	85	12:25 AN
3. SEX	(4 RACE		S. DATE C		VE AR	6 AGE (IN YEARS LAS	I BRIHDAY)	MONTH.	DER I YEAR	IF UNDER 24 HRS
	Female	JU JU	Ohite		ivember 1		2 9	2 YI	RS		
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8	D NEVER MARI		9 BALTIMORE CIT	Y OR COU	NTY OF I	DEATH	
	enna.Bedford C	1. 1	ISA	WIDOWE	_	CED		ATT	mann		MD.
	TY OR TOWN OF DEATH	11. NAME OF HE	OSPITAL, NURSING	G HOME C	THER INSTITUT	NOI	120 USUAL OCCUP			b. KIND C	F BUSINESS OR
	mberland, Md.	Lions Ma	anor Nurs	ing H	lome		House		AG (IVE)	ADOSIKI	
USU/ 13a. S	At RESIDENCE (# NURSING HOME COTATE 13b. COL		INE RESIDENCE BEFORE		1 13d INSIDE CITY L	IMITS?	13e STREET ADDRE		ODE		
		11enanu	Cabale				520 mill			2	1502
4. FA	THER'S NAME	5			15. MOTHER'S MA					LAS	
	James	MIDDLE	Rouer		FIRST C1:	zahet		t			ennell_
	VAS DECEASED EVER IN U.S. A		166. SOCIAL SECUI	RITY NO.	17. INFORMANT	PULL	AE	DRESS		- 10	emie II
. '	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	211-07	2722	Genrae D	CFN	70 C-	Dale	mà.	2150	^2
VII.	La CAUCE OF DEATH S.	-1			Makuruk O			VELLE,	THU.		IMATE INTERVAL ONSET AND DEATH
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY	() -1		apirato.	~11	Frail 14M	0		BELANEEN	ONSET AND BEATH
	IMMEDIA	ATE CAUSE (o)	Caroud	7 1	Spr. Jo	1 9	1000000	-			
		DUE TO, OR	AS A CONSEQUE		Cic	0					
	Conditions, if any, which gave rise to immediate	(b)	ucur	- Du	1815.					-	
	cause (a), stating the underlying cause last	DUE TO, OR	AS A CONSEQUE		ract 1	infec	tion				11114
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO	1 .	11	ONDITION	GIVEN I	PART I	O
0	10 Hypertens,	on (2)(renera	hise.	d aute	vio'	sclero S	· S .			
CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPSY?				NGS USED OF DEATH?
TIE							YES NO	_	YES [NO 🗌
CER	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY A. MONTH DA	V VEAD	21c HOW INJUR	Y OCCURR	ED (ENTER NATURE OF	INJURY IN ITEA	A 18 PART 1	ORPART 2)	
A	OR CONTRIBUTING CAUSE OF D	Enin		19							
MEDICAL	21d INJURY OCCURRED	21e. PŁACE O	F INJURY		211 LOCATION		CITY	RIOWN		COUNTY	STATE
Z	WHILE NOT WHILE AT WORK	AT HOME, STREE	ET, FACTORY, OFFICE, FA	ARM, ETC.)	SINCET			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3
	220 I certify that (I) (this has	pital) attended the	deceased from	11/	2-3	977	to H	フ	19	STC-	that (I) (we) last
	saw the deceased alive a	n 4 13	19 8	5	nd that in (my) (our) opinion d	leath occurred on th	e date and	hourone	from the	couses stated
	obove, (I) (we) (did) (did r	not) view the body o	ofter death.	-	DEGREF					22c DATE	SIGNED
	1/0				ATTE	NDING _		STAFF		4-1	9-85
	224 PHYSICIAN'S NAME (TYPE	MITHAN	-		PHY:	SICIAN K	DIRECTOR PH	YSICIAN [7	
		/1-									
	Dr. Vimala R	amjithan				1 Med	ical Buil	ding,	Cum	ber1	and, Md.
23a. E	BURIAL, CREMATION, REMOVA	1				WHO THE	23d. LOCATION		20	one	State
ria	(SPECIFY)	Apr.10),1985 Mt	Savag	ge Method	ist	mit som	ane	400	egam	
	UNERAL DIRECTOR					13 E DATE	REC'D. O	CARRAIN.	CARRO	100	Half-Planes

Hyndman, Pa. 15545

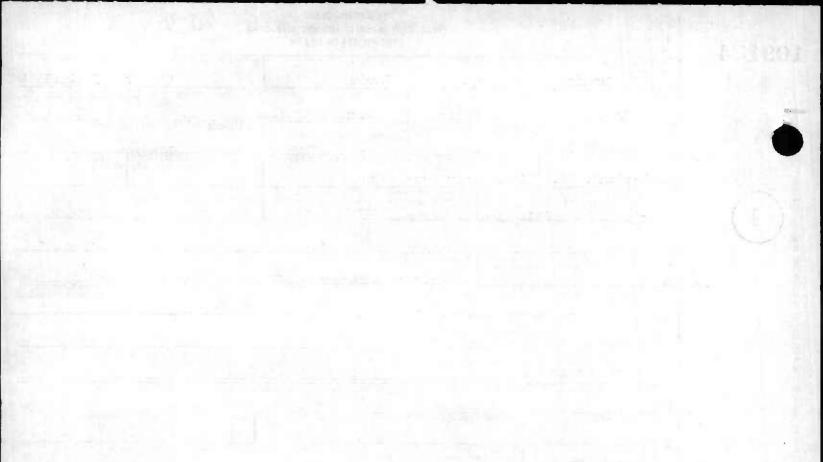
DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicis should be detached for use as the burial-transit permit. Then please remove corbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If hem 21 is morked or IIII. 8 shows any

NAMEHarvey H. Zeigler



death

executed within 24 hours ofter death. Page DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 10 HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be or offending physicion. etained by the hospital

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages I and 2 should be false with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIEN?

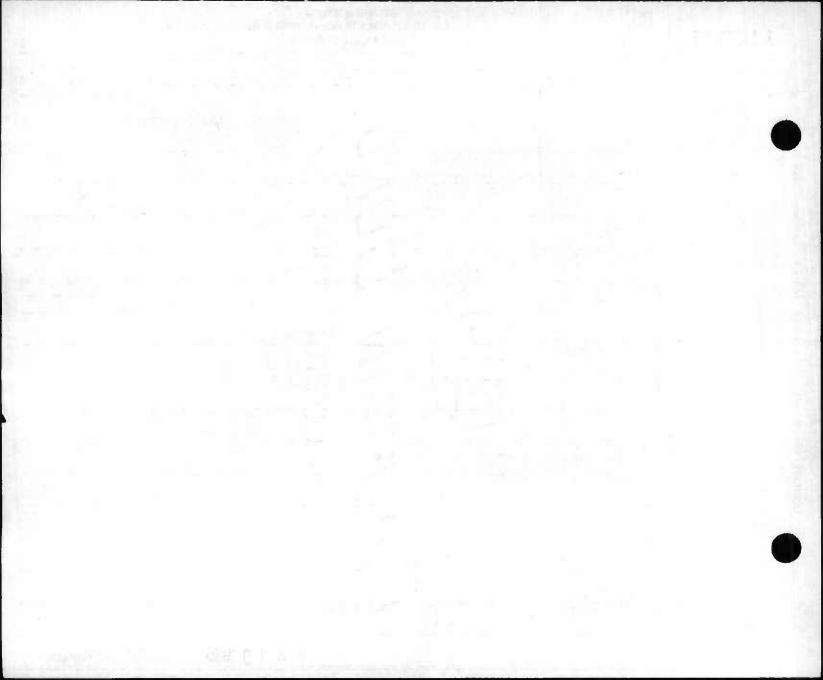
0	9	j

4

1 -	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL WI ICATE OF DEATH		EG. NO.	, , ,	
	CEASED NAME ORPRINT)	LAURA	THE	dole LMA	LIPS	COMB	20. DATE OF DE		DAY YEAR	6:3
3 SEX	K	4.	RACE		5. DATE C		6. AGE (IN YEARS		IF UNDER I YEAR	IF UNDE
	female		white		MONTH	2-07-1916 YEAR	69	YR	MONTHS DAYS	HOURS
H BIF	RTHPLACE (STATE O	DR FOREIGN 78	CITIZEN OF V	HAT COUNTE	2Y2 8	NEVER MARRIED		CITY OR COUN		
)	TY OR TOWN OF D		(IF NOT IN SUCH	FACILITY, GIVE ST	REET ADDRESS)	PROTHER INSTITUTION EDICAL CENTE	12a USUAL OCC (TYPE OF WORK FOR	MOST OF WORKIN		of BUSIN
USUA 13a. S	AL RESIDENCE (IF NO STATE MD		THER INSTITUTION (FORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADD		215	03
		iam Lee		LAST			sie May	DDLE	LA	ST
	VAS DECEASED EV YES NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	166 SOCIAL SE 213-22-		Mr. Melvin		mb, Cum	berland,	MD
VIION		mmediate ting the ise lost.	DUE TO, OR		DUENCE OF MAN	NOT RELATED TO THE TE	Lemon RMINAL DISEASE OF		GIVEN IN PART 11 YES, WERE FIND!	
CERTIFICATION	190 DATE OF OPER				ICH OPERATIO	N WAS PERFORMED	YES N	IN CEI	RTIFYING CAUSES YES [
MEDICAL CE	OR CONTRIBUTING	CAUSE OF DEATH	P.A	1. MONTH 1.	DAY YEAR	216. HOW INJURY OCC	URRED (ENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR PART 2)	
MEC	21d INJURY OCCU	WHILE U	21e PLACE C	OF INJURY ET, FACTORY, OFFI	CE FARM, ETC }	STREET	CF	TY OR TOWN	COUNTY	
	above, (1) (we	(l) (this hospito ased alive an ((aid) (did nat)			·, ai	nd that in (my) (our) opinion	on deoth occurred ar	the date and	haur and fram the	
	22b. SIGNATURE	1	for	0		*	DIRECTOR	STAFF PHYSICIAN [221. DATE	SIGNED
	DR. ZAMA	AN			3	MEMORTAL HO CUMBERLAND.	MARYLAND	_ 2	BUILDIN	G /
(:	BURIAL, CREMATIO SPECIFY) Burial	N, REMOVAL	236. DATE 04 –1 6–			emetery or cremator Cemetery	Auro	ra	COUNTY	h
24 FL	James F.					25a. D	ATE REC'D. BY REGI	STRAR 256. REC	SISTRAR'S SIGNA	TURE

DHMH-16 30M 2/80 (VRA 15, 4)

BP.



BALTIMORE, MD. 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

JID BE USED AS A BURIAL - TRANSIT PERMIT. MENT OF HEALTH AND MENTAL HYGIENE, D TO BURIAL, CREMATION, OR REMOVAL.

PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU

CERTIFICATION

MEDICAL

STATE OF MARYLAND

FOR STATE REGISTRAR					MENT OF		AND M	ENTAL			PEG.	NO.	benj	0		
1. DECEASED NAM (TYPE OR PRINT)	ALICE			J		LA	ogsi	OON		20. DATE OF DEATH	KNOWN ESTI- MATED	*	MONTH	13	YEAR 19 85	26 HOL
3 SEX Female	Cau	5 DATE O	F BIRTH	26	6. AGE (IN YEAR LAST BIRTHDA	AY) MONTHS	DAYS	HOURS	R 24 HRS	PRONOUI DEAL	NCED		MONTH 4	13	1985	24 HOL
70. BIRTHPLACE FOREIGN COUNTRY Penr	7	76. CITIZEI	J.S.		NTRY?	8 MARRIED WIDOWED	-36	DIVOR			ore cit Legan	_	COUN	ITY OF	DEATH	N

Cumberland	(1F NOT IN SUCH F	SPITAL, NURSING HOME, OR OT ACTUTY, GIVE STREET ADDRESS) 1 Hospital	THER INSTITUTION	FOR MOST O		126 KIND OF BUSINES OR INDUSTRY Railway		
	ursing home or other institution, of 136 COUNTY Allegany		13d. INSIDE CITY LIMITS? YES NO	13e STREET A Box		Calla Hi	111 m	2154
FATHER'S NAME Patricl	S. I	Boyle	15. MOTHER'S MAIDE	N NAME	MIDDLE	Gra	hame	
(YES, NO, OR UNKNOWN)	R IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	IT INFORMANT	P. Los		odress a. Same	88	. 3e

	PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEA
IMMEDIA	ECAUSE (o) Cardio-pulmonary arrest	sudden
	DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which gove rise to immediate	(b) Cerebral alloxia	20 hours
couse (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	
lying couse lost.	Self-induced strangulation(hanging)	20 hours

(c) Self-induced strangulation(hanging) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

2) D.I.C. History of depression, panic attacks

20 AUTOPSY? YES [] NO X 21g EXTERNAL CAUSE WAS

21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING Patient hung self CONTRIBUTING CAUSE OF DEAT

MEDICAL 11 LOCATION 214. INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC Box 662 Calla Hill Mt Savage Alleg. STATE Md Basement of home

Suicide X Undetermined monner death resulted from 4-13-85 DATE

MEDICAL EXAMINER Paul Snow, M.D. Memorial Hospital

23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY

Apr.16'85 St. Patrick Cemetery Burial
24 FUNERAL DIRECTOR

Durst Funeral Home, Frostburg, Md.

07/84

DHMH - 17 (VR A15 ME (5))

Mt. Savage. Alledany

to the same transport to beginning to the ball and the same and the sa Later Later State Control Control No. 181 c. 131 conty, 18.

.DI. (STERNA LEGICAL LEGICAL).

102033	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND MENTAL HYC	REG. NO	9 /	4/		
n -		CEASED NAME	FIRST		WIDDLE	1	NST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR9:2	
N THE	-		CHARLE		ELROY		MADDEN	April 2,			Р. м	
-(A)	3.58	× Maire	Wh	ite			t 23°, 19913	6 AGE (IN YEARS LAST BIR	YRS.	NTHS DATS	HOURS MIN.	
1 1 25		IRTHPLACE (STATE OR FO		ord to USA WIDOWE			NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY C		MD.	
102	L	TY OR TOWN OF DEAT		11. NAME OF HOSPITAL, NURSING HOME C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Memorial Hospital			R OTHER INSTITUTION	Ret wor General			of Business or embly line	
AND 212	130.		13b ATTE	gany	13c EILers.	Lie	13d inside city limits? Yes 📉 no 🗌	Box 13	7IP CODE 21529			
MARYL MARYL		Charles Madden S Mother's Maiden Name								(AS)		
MORE,	160	DECEASED EVER IT	U.S. ARMEL	D FORCES? AR OR DATES)	166 SOCIAL SECTION 14-07-		Mrs. Sallie	C. MAdden E	llersl	ie, Md	, \$ 21529	
, BALT ficate is hysicia popers noval.		18 CAUSE OF DEATH PART I. DEATH WA	LEnter only on SCAUSED B	Y:	MAN	melle	um Herre	A .		BETWEEN	MATE INTERVAL DINSET AND DEATH	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be secured. Thin 2 there is contending physician with the security of the security permit. Then please remove corbon papers, from Land Linuid bentith and Mental Hygiene prior to burial, cremotion, or removal. oked or them 18 shows any injury, or other troumatic event, the tite factor remover the present of the security of the se	N	Conditions, if ony, gove rise to imm couse (o), storing underlying cause PART 2 OTHER SIGNI	ediate the lost	DUE TO, C	M	ENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CONI	DITION GIVE	N IN PART I IO		
he low recon on has been t permit T ene prior t	CERTIFICATION	190 DATE OF OPERATI	ON	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN		
SICIAN: T ng physici certificate irriol-fransi entol hyg item 18 sh		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEATH	216. TIME O HOUR A		RABY YA	21c. HOW INJURY OCCUR	RED ENTER NATURE OF INJUR	T IN ITEM IS PAR	T (OR PART 2)		
IVISION JG PHYS offendin fer this of the burner ond Medor burner ond Medor burner on the burner of the burner of the burner on the burner of t	MEDICAL	21d INJURY OCCURRE			OF INJURY TREET, FACTORY, OFFICE.	Mas	21f LOCATION STREET	delan	Pa .	COUNTY	STATE	
TTENDIN TTENDIN TTOR: Af for use o of Health		220.8 certify that I land	this hospital	low	daniel death	J on	d that in (my) (our) opinion	death occurred in the do	. 19	and from the	that It (we) lost	
PITAL OR A by the hos by the hos lefter DIREC se defoched State Dept.		776 SIGNATION	hllu	in		m	ATTENDING PHYSICIAN	MEDICAL STAP	F IAN []	22 DATE	1-85	
R Hed Co		Dr. Terr		iams				rial Hospita erland, MD21		ical Bu	ilding	
BP————————————————————————————————————		BURIAL, CREMATION, R	EMOVAL T	73b. DATE	6,1985 F	NAME OF C	METERY OR CREMATORY Cemetery	23d LOCATION CITY OF TOWN Hyndman,		a#1 15	545 STATE	
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR Z	eigler	c. Hvr	ndman 🕫 Pa		25a DA1	TE REC'D. BY REGISTRAR	256. REGISTRA	AR'S SIGNATI	JRE	
		-0-11-7-	igler	,								

Zeigler

TANK THE THE TANK THE TANK

dit des mites per ille

			IRST TO	MIDDLE		ICATE OF DEATH		REG. NO.	H DAY YEAR	2b HOUR		
a Calla)	(IAbs	OR PRINT) BERTI	E	THERESA	1	MARTIN	0	APRIL 17,	1985	10:30A		
ê.	3 SE	(4 RACE		S. DATE			AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE	AR IF UNDER 24 HRS		
0.672	F.	emale	Black	k		ber 20 1		63	YRS.	TS MOURS MIN.		
death ro	M	RTHPLACE (STATE OR FORE COUNTRY)	U	of what country? SA	WIDOW		D D	9 RAITIMORE CITY OR COUNTY OF DEATH				
s offer		nperland	(IF NOT III	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SACRED HEART HOSPITAL				120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK [eacher's A	ING LIFE INDUSTR			
n 24 hour	lile S	TATE 13	HOME OR OTHER INSTITUTE COUNTY Allegany	13c CITY OR TOW Cumber 1	N	13d INSIDECITY LIM	AITS?	3. STREET ADDRESS / ZIP 206 Centra	CODE			
ed within	14. FA	THER'S NAME PEAR1	Andrew	Brook	s	Jenny		E MIDDLE	Mv	ers		
be execut an ond c		VAS DECEASED EVER IN VES, NO OR UNKNOWN) NO 18 CAUSE OF DEATH II PART I. DEATH WAS	IF YES, GIVE WAR OR DATE	215-18-	-8141	Nelson M	arti	ADDRESSCI n 206 Cent:	umberla	nd. Md.		
NG PHYSICIAN The low requires that the death certificate be executed within 24 hours oftending physician. When this certificate has been signed by the ottending physician and centrificate has been signed by the ottending physician and centrificate has been signed by the ottending physician and centrify thind in as the burial-transit permit. Then please remove corban popers. Pages and the and Mental Hygiene prior to burial, cremation, or removal. Orked or them 18 shows any injury, or other troumatic event, the medical	CERTIFICATION		hich liate the DUE TO ICANT CONDITION	O, OR AS A CONSEQUE O, OR AS A CONSEQUE S CONTRIBUTING TO ONLY THE CONTRIBUTION OF THE	ENCE OF	N WAS PERFORMED	74	YES NO	IF YES, WERE FINI ERTIFYING CAUS YES	DINGS USED SES OF DEATH? NO		
PHYSICIAN inding physician his certification to buriol-trons di Mentol Hygo or Item 18 si	MEDICAL CE	21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU: (IF EITHER NOTIFY MEDICAL) 21d INJURY OCCURRED	SE OF DEATH EXAMINER) A 21e PLA	AE OF INJURY A.M. MONTH D, P.M. ACE OF INJURY E. STREET, FACTORY, OFFICE F	19	211 LOCATION	OCCURRE	D (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2	STATE		
Dk ATTENDI hospitol or sireCTOR a ched for use lept. of Heal	W	WHILE NOT WHILE AT WORK 22.1 certify that (I) (the saw the deceosed above, (I) we) (did) 22b. SIGNAPORE	is hospital) attended	d the deceased from_ 19 ady ofter death.			pinion de	, ta eath accurred on the dote and	, 19 d hour and from t	_, that Ii (we) last		
TO HOSPITAL retoined by the TO FUNERAL D should be detoo with the Stote E IMPORTANT: If	22	224 PHYSICIAN'S NAME WAYNE SPI	GGLE, M.D	8 00	,	PHYSIC 22e ADDRESS BMG-912	SET(DN DRIVE, CUM		MD 21502		
BP	- (URIAL, CREMATION, REASPECTEY) Burial JINERAL DIRECTOR 230	4/2	0/85 Wo		emetery or crema	erv	Cumberlance REC'D. BY REGISTRAR 256. BY	COUNTY	any Md.		

ARBREET.

N. H. E. PRICE H. P.

POLICE STREET PRIME CLASHELAND, NO 21502

AND THE STATE OF T

-	56	1
1	12	S.N.
R	1	Z
(2 R		A
-	1	4
1	puo puo	1
- 5	S 200	1
Hco.	apply of population	1
-	585	1
and the	9 4 50	1
2	3 1 1	200
hot	485	4
100	Daned Daned	
00	1 To 10	-
3 0	D E D	3
4.8	3 d to 0	ď
NA P	201	1
And a	A COL	
01	141	i
0 à	A set	
E E	P P P	
4 E	# 3 1	1
4	define define of the D	
D P	Was a	4
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 to retained by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this semificate has been signed by the attending physician and conducting fillip in by though de-definitional distriction and conducting fillip in by though de-definitional distriction and the definition of the definiti	AND STATE II AND STATE OF STAT
BP		
DHMH -	16 50M	4/8

		CEASED NAME FIRST (CR PRINT) FT MA	FAY	MIDDLE		ASON	APRIL 23,		26 HOUR 9:25
	2 000		14 RACE	.E	5. DATE (6. AGE IN YEARS LAST BIRTHI		
	3. SEX					16, DAY 1927 YEAR			DAYS HOURS A
nn		emale IRTHPLACE (STATE OR FOREIGN	White	WHAT COUNTRY?	reb.	10, 1927	58 1 BALTIMORE CITY OR	YRS.	TM
1/2	Oi	hio	USA		WIDOWI		Allegany (County,	
12	C	umberland	SACRET	"HEART" HC	SPITZ	OR OTHER INSTITUTION AL	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Auto Body M	WORKING I HE) INDU	CIND OF BUSINESS USTRY to Body S
80	13a S Ma	aryland 6	NE OR OTHER INSTITUTION OUNTY arrett	Grantsvi.	N	13d INSIDE CITY LIMITS?	Rt. 2, Box		21536
NO	14. FA	James	MIDDLE	ittinger		Della	AME MIDDLE	Но	over
8.7		WAS DECEASED EVER IN U.S		166 SOCIAL SECUR 214-34-1		17 INFORMANT	Rôute water, Grant	1, Box	222
traumatic ev		PART I. DEATH WAS CA IMME Conditions, if any, which gave rise to immediate	DIATE CAUSE (a) DUE TO, O	PR AS A CONSEQUE	NCE OF	Cardi	Mic	Jan 11	de
ior to burlot, cremation, or rem ny injury, or other troumcatic es	ATION	Conditions, if any, which gave rise to immediate cause tot, stoting the underlying couse lost PART 2 OTHER SIGNIFICA	DUE TO, O b c DUE TO, O b c DUE TO, O c C DUE TO, O	IR AS A CONSEQUE	NCE OF	I NOT RELATED TO THE TER	11		
nd Memist Hygens prior to buriol, comution, or em	MEDICAL CERTIFICATION	Conditions, if any, which gove rise to immediate cause tol, stoting the underlying couse lost PART 2 OTHER SIGNIFICATION TO CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CENTERS MOTHER M	DUE TO, O DUE TO, O (b) e DUE TO, O (c) NT CONDITIONS C 196 COND 196 COND 196 COND 216 TIME C HOUR A MINER) P. 216 PLACE	IR AS A CONSEQUE	NCE OF DEATH BUT OPERATIO AY YEAR 19	ON WAS PERFORM	11	Db. IF YES, WERE IN CERTIFYING C. YES IN ITEM 18 PART I ORP	FINDINGS USED AUSES OF DEATH? NO
the State Opplit of Mooth and Memority Highering prior to buriol. commanden, or rem REAACL If them 23 is marked at them 18 afters any injury, or other traumatic eve	CERT	Conditions, if any, which gave rise to immediate cause tol, storting the underlying couse lost told the underlying couse lost told told told told told told told tol	DUE TO, O be (b) e DUE TO, O (c) INT CONDITIONS C 19b. COND 19b. COND 21b. TIME C HOUR A MINER) P 21e. PLACE (AT HOME, ST asspital) attended the on- id not) view the pody	DE INJURY OF INJURY OF INJURY AM. MONTH DA M. OF INJURY REEL, FACTORY, OFFICE, FA Red deceased from red deceased from	NCE OF DEATH BUT OPERATION AV YEAR 19 ARM, ETC.)	21c HOW INJURY OCCU 21f LOCATION 51REE1 19 Ind that in (my) (aur) aprinio DEGREE ATTENDING PHYSICIAN 22e ADDRESS	RRED (ENTER NATURE OF INJURY	Db. IF YES, WERE IN CERTIFYING C. YES IN ITEM 18 PART I ORP COU 19 e and haur and fro	FINDINGS USED AUSES OF DEATH' NO ART 2) ART 2) That (I) (we om the couses state DATE SIGNED

e 1. * 6 * 1 matter II I say a headen in a see the 207 Jahra Salam, District Lend, No. 21502

and 2 sha

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely should be detached for use as the burial-transit permit. Then please remove carbanapaers. Pages 1 and 2 shwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic event, the

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL-HYGIENE

U	9	1	5	U

	STATE REGISTRAR				NO.							
	ASED NAME	FIRST	,	AIDDLE	L	AST .	20. DATE OF DEATH		DAY	YEAR	26 HOU	R
(TYPE O	Martl	na	7	NMI	McI	Donaldson	/-/	04	04	85	4:0	00 Rm
3. SEX		4.	RACE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY	MONTH	OER I YEAR	IF UNDER	24 HRS
	Female		White	9	01	03 93	93	YR		DATE	1.00.00	1941.4.
	THPLACE (STATE OR FO	REIGN 7b.		WHAT COUNTRY?	8. MARRIEI	D NEVER MARRIED	Allegar	_		DEATH		
	erton, Md.		U. S.		WIDOWE							MD.
	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS] Cumberland, Md. Lions Manor Nursing				ADDRESS)		12a USUAL OCCUP.	ATION STOFWORKIN	IG LIFE) 12	Sehe	of BUSINE	ss or each
	RESIDENCE (IF NURSIN		HER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRES	S AZIP CO	ODE	52	-/	
14 FATI	HER'S NAME	MIC	DDIE	McDona	ldson	15 MOTHER'S MAIDEN NA	MIDDLE		(), Ni	el	
16a W.A	AS DECEASED EVER IN	U.S. ARME (IF YES, GIVE W		212-38-		Joseph How		oress on Md.				
I	8 CAUSE OF DEATH			line for (o), (b), and	d (cu)	1				APPROX	ONSET AND	VAI DE ATH
-1	PART I. DEATH WA	S CAUSED I MMEDIATE (Grener	rollis	ed Sepsis	5 .					
- 1	**	WW. Dirice					^					
			DUE TO, O	RAS A CONSEQUE		2000 !!!!		C. 1 . C. A	10			
-	Conditions, if ony,		(lb)	Lung W	1ass	, DOSSI W	e mali	gnou	acq.			
	gove rise to imme		}	A		/)			
	underlying couse	lost.	DUE TO, OI	R AS A COUSEOUE	INCE OF			,	- 1			
			(c)									
CERTIFICATION	D -	HOW	a	ement	CA .	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NOITION	GIVEN IN	I PART II	0	
TA	90 DATE OF OPERATE	9	19h COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF	YES, WE	RE FINDI	NGS USED	,
Ĭ.		V					YES TI NOT	INCE	YES	CAUSES	OF DEAT	
E 17	In. ACCIDENT WAS UNDE	RLYING	21b. TIME O	FINJURY		21c HOW INJURY OCCUR		NJURY IN ITEM		OR PART 21		
	OR CONTRIBUTING CA	USE OF DEATH	HOUR A.									
2	(IF EITHER NOTIFY MEDICA		P.,		19	AV LOCATION						
A .	WHILE NOT WHILE AT WORK		21e PLACE	OF INJURY EET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OF	TOWN	(OUNTY	51	IATE
2	22a 1 certify that (I) (I	this hospital	ottended th	e deceosed from_	12/2	1 19 8 2		22	198	<u> </u>	that (I) (w	ve) lost
	sow the deceased		3/22	198	T, or	ad that in (my) (our) opinion	death occurred on the	date and	hour and	from the	couses sto	ted
7	obove, (I) (we) (did	a) (ala not) v	new the body	offer deoffi.		DEGREE				22c DATE	SIGNED	
	V.A. k	2	Pour			ATTENDING		TAFF		A	5-81	-
2	22d. PHYSICIAN'S NAM	ME (TYPE OR PI	TICH			22e. ADDRESS	DIRECTOR PHY	SICIAN [-	2.05	> -
	Vimala I					Memorial Me	dical Buil	ding,	Cum	ber1	and,M	ld.
23a. BU (SP	RIAL, CREMATION, RI Burial	EMOVAL	4/6/85			Hill Cemeter	23d LOCATION CITY OF TOWN MOSC	w Mil	1189	Tle	gany	Ma.
24 FUN	VERAL DIRECTOR	1/12/	Dark	JW.a.	port	25a. DA	TE REC'D. BY REGISTR.	AR 25b. REC	SISTRAR'S	S SIGNA	TURE	
	"Boal Fun	eral	ervice	Western	port	ARR 1	1 1085	C.E. K		מל	2.00	

DHMH - 16 50M 4/83 (VRA 15, 4)

Boal Funeral

BP.

ethy englished the complete day.

Market and Market and

. Dif the matter believed throng the

	STATE OF M	MARYLAND	-
DEPARTMENT	OF HEALTH	AND MENTA	LHYGIENE

		FOR STATE				STATE ENT OF HI AMINE	ALTH		ENTALI	HYGIEN OF DEA	E 0	9 /	5	1	
50	1. DE	CEASED NAME CORPRINT)	FIRST	MIDDLE LAST CO. DATE KNOWN OF ESTI- DEATH MATED							5 - 42	MONTH D	1-85	26 HOUR 1532	
ON STRE	3. SEX	779	J	Oct 23	1914 6.	AGE (IN YEARS LAST BIRTHDAY) 70 YRS.	IF UN	DER 1 YR.	HOURS		PRONOUNCE DEAD	D	MONTH E	-85	1532 _M
1	FO	RTHPLACE (STATE OR REIGN COUNTRY) Vest Virgin	nia	76. CITIZEN OF WHAT COUNTRY? USA **MARRIED NEVER MARRIED 9 BALTIMORE CITY OF C WIDOWED DIVORCED Allegany							MD				
0	(YOR TOWN OF DEA Cumberland		11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Memorial Hospital Retired Nurs											
76	13a. Si	Delaware	New C		13c. CITY OF News	RTOWN		YES -	NOX	E11	en-Dev	ine S	t. /	1999	9
D	2		ndersor					F	L	orett	a nmn			LAST	
3	(YI	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) IF YES, GIVE WAR OR DATES) 166. SOCIAL SECURITY NO. 221-22-0868 17. INFORMANT ADDRESS Son -James M. Perrine, Wilmin									ilmin	ngton,Del.			
AND MENTAL HYGIENE ATION, OR REMOVAL		IB CAUSE OF DEATH W. Conditions, if o gove rise to cause (a) stating lying cause last.	AS CAUSED BY IMMEDIATE C ny, which immediate the under-	(AUSE (o) DUE TO, OR A	Myc As a conse Art As a conse	ocardia QUENCE OF DUENCE OF	cler	otic	Heart	A	ease			approximate Between onse	INTERVAL AND DEATH
RIAL, CREMATION,	CATION	PART 2 OTHER SIGNIFICANT		196. CONDITI				1		ART 1 o.			2	0 AUTOPSY?	
OR TO BUR!	MEDICAL CERTIFICATION	214 EXTERMAL CAUS UNDERLYING CONTRIBUTING	OR	216. TIME OF HOUR A.M. TH P.M.		AY YEAR	žic HO	W INJURY	OCCURRI	ED LENTER N	ATURE OF INJURY	IN ITEM 18 PAI	RT I OR PART 2}	YES 🗌	но ТХХ
201 PR	MEDIC	21d. INJURY OCCURR WHILE NOT ' AT WORK AT W		21e PLACE O STREET, FACTO	FINJURY (DRY, FARM, ETC.)	AT HOME.		ATION			CITY OR TOWN		COUNTY		STATE
BALLWORE, WARYLAND, 21		220. I certify that 1 death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Notural	ouses D.	Accident C], Suicio	<u>a_</u> M.I	Homic TITLE(S	PECIFY)	Undete	Inquiry K	er .	DATE SIGNED_	4/20/	8 <u>5</u> 21502
BAL	(5	RIAL, CREMATION, RI Burial		-24-85		ME OF CEME	TERY OR	CREMATO			cation saway	Braz	xton,	W. Vas	ATE
17 AE (5))		James F.	Scarpe	ADDRESS	berla	nd,Md.	215		PR 2	REC'D. BY	REGISTRAR	9 0 200	RAR'S SIGN	-	

-Jacob . Corine, . Line too, Dell. hard- if caused rook to have tracked, taxion, taxion, the with the second of the first of the second o

7011	1	FOR STATE REGISTRAR		DEPARTA	STATE OF MARYLA MENT OF HEALTH AND N CERTIFICATE OF D	MENTAL HYGIENE	0 9 REG. NO	1 5 2	
1/11		CEASED NAME	live	MIDDLE	Messick	V 20. D	ATE OF DEATH MONTH	DAY YEAR 7 85	26 HOUR - A
	3. SE		4 RACE White	e	5. DATE OF BIRTH		E (IN YEARS LAST BIRTHDAY) 74 YR	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
nerol di		IRTHPLACE STATE OR FO	OREIGN 76. CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER M	AARRIED 9. BA	ttimore city or cour Allegany	NTY OF DEATH	MD.
is ofter d	10 0	ity or town of DEAT	HE NOT IN SU	HOSPITAL, NURSIN ICHFACILITY, GIVE STREET Tland Nurs		ITYPE	USUAL OCCUPATION OF WORK FOR MOST OF WORKIN NOUSEWIFE		
24 hours	136	AL RESIDENCE IF NURSIN STATE MD	ng home or other institution 13b. County Allegany		ADMISSION) N 1134 INSIDE CI	TY LIMITS? 13e S	TREET ADDRESS	2150	02
maryla mpletely ond 2 sho	14 F	ATHER'S NAME Argyle		LAST	15. MOTHER'S	Mary Diet	MIDDLE	LA	ST
n ond co		WAS DECEASED EVER II YES, NO OR UNKNOWN) NO	N U.S. ARMED FORCES? JIF YES, GIVE WAR OR DATES)	215-74-]			essick, Cumb	erland, M	MD-husbar
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours or otherding physician. Viter this certificate has been signed by the ottending physician and completely filled in by as the buriol-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be file to have done them 18 shows only injury, or other troumotic event, the medical evantine must be accorded.	z	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	which (b) = diote of the lost. (c) = diote of the lost.	OR AS A CONSEQUE	·	TO THE TERMINAL C	disease or condition	GIVEN IN PART 1	10
VITAL RECORD IN: The low req hystcion. Icote hos been i ronsit permit. Th Hygiene prior it 18 shows ony inj	CERTIFICATION	190 DATE OF OPERATI	RLYING 716. TIME	OF INJURY		YE	IN CE	YES, WERE FINDI RTIFYING CAUSE: YES	
DIVISION OF V FENDING PHYSICIAL tol or ottending phy Or S. After this certifing or use as the buriol-tr if Health and Mental I is marked or item I	MEDICAL	(IF EITHER, NOTIFY MEDIC. 21d. INJURY OCCURRI WHILE AT WORK AT WORK	AL EXAMINER) ED 21e. PLACT (AT HOME. S this hospital) oftended (P.M. E OF INJURY TREET, FACTORY, OFFICE, F	19 211 LOCATIO STREET	. 19	CITY OR TOWN	COUNTY	state that (I) (we) lost
O HOSPITAL OR ATT etoined by the hospi TO FUNERAL DIRECT: thould be detoched for with the State Dept. of MPORTANT: if them 2	-	77b. SIGNATURE	d) (did not) view the bods OU ME photo careful)	W diter death.	DEGREE	TTENDING ME	DICAL STAFF	Pr. DAT	1/18-
My Show	730	BURIAL CREMATION B	REMOVAL 735 DATE	173c h	NAME OF CEMETERY OR C	PEMATORY III	LIDGINION	moerca	The same

BP. DHMH - 16 50M 4/82

24. FUNERAL DIRECTOR (VRA 15, 4)

830 BURIAL, CREMATION, REMOVAL BUTIAL 236 DATE 04-10-1985 23c NAME OF CEMETERY OR CREMATORY Herman Cemetery

Cumberland

Allegany MD

ATR 1 1 1095

ADDRESS Scarpelli James F. Cumberland. MD 21502

TAKET TO SEE THE SECOND 401/01/0 A. S. H. G CYRAS. LATAR OWIGUDES HAV SMOR DMISSIAL SOMETHY CRUSTOSTES. I SEE TO SEE GRAV III - LAVel 18 X LAVel Trightin Chal Ha STREET HOLDSTER GRAWL GRAVES FIGURE MINNION PROPERTY OF STREET OF STREET

STATE OF MARYLAND

MHSEUM X CAMBRAD

YHAGS, HA

CHIRERLAND NENGRIAL HOSPITAL & MEDICAL CHTR TOLDON'S OF noticed Revenue 2 statement - totalen

solest a title and a second animalism animalism and a second animalism and a second animalism animalism and a second animalism animalism and a second animalism a

altimovi were all stammer

No. of the control of

The second of th

40

nsit permi

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

	FOR STATE
-	DECISTOAD

STATE OF MARYLAND

10	1	7	10 448	1 4
0	9	1	5	2
4.5		4.	-	

FOR - STATE REGISTRAR		DEPARTM	CERTIFICATE OF DEATH	HYGIENE
ECEASED NAME	FIRST	WIDDLE	LAST	2a. D
PE OR PRINT)	MADV	MARCARET	NEUBETSER	

				REG. INC.			
1 DECEASED NAME	MARY	MARGARET	NEUBEISER	April 12, 198	DAY YEAR	2ь ног 12:	-
3. SEX		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEA	R IF UNDE	R 24 HRS
FEMALE		WHITE	DECEMBER ** 31 1912	72 _{YRS.}	MONTHS DAT	HOURS	MIN.
a BIRTHPLACE (STATE COUNTRY) MARYLAN		76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Allegany	OF DEATH		MI
Cumberland		11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACULTY, GIVE STREET, Memorial Hospi		12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE HOUSEWTEE		OF BUSIN	ESS OR
AUSUAL RESIDENCE UEN	IURSING HOME O	R OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		17-1	70	1

	cumberland		HOSPITAL, NURSING HOME OF HEACHITY, GIVE STREET ADDRESS!	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY
3a.	JAL RESIDENCE IF NURSING HOM STATE 13b CC MARYLAND AI ATHER'S NAME		GIVE RESIDENCE BEFORE ADMISSION) 134 CITY OR TOWN CUMBERLAND	13d INSIDE CITY LIMITS? YES X NO 1	130. STREET ADDRESS 1803 BEDFORD ST	21502 REET
	JOSEPH	A. k	KIENHOFER	KATHRYN	WO	LFE
	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	214-05-6367	JOSEPH NEUBE	ISER 1803 BEDFOR	D ST CUMBERLAND
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED		fine for (a), (b), and (c)	RDIO RESI	PIRATORY Failes	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	(b)_	n as a constollence of	take Co	of breast.	

PART 2. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO. [NO

210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 21e PLACE OF INJURY

21c HOW INJURY OCCURRED (ENTER NATURE OF HAJURY IN ITEM 18 PART I OR PART 2) 211 LOCATION

NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from CITY OR TOWN

sow the deceased alive on. 22b. SIGNATURE

in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED

22d PHYSICIAN'S NA

DIRECTOR | PHYSICIAN 22e ADDRESS Memorial Hospital Cumberland, MD 21 Medical BYdg 502

CITY OR TOWN

Dr.	N.	Kan	ith	an
23a. BURIAL, CF	REMATI	ION, REM	OVAL	23b. DATE

23¢ NAME OF CEMETERY OR CREMATORY 198

23d. LOCATION

BP
DHMH-16 30M 2/80
(VRA 15, 4)

TO FUNERAL DIRECTOR:

shauld be detach with the State De

MPORTANT

BURIAL 24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

SILCOX-MERRITT FUNERAL

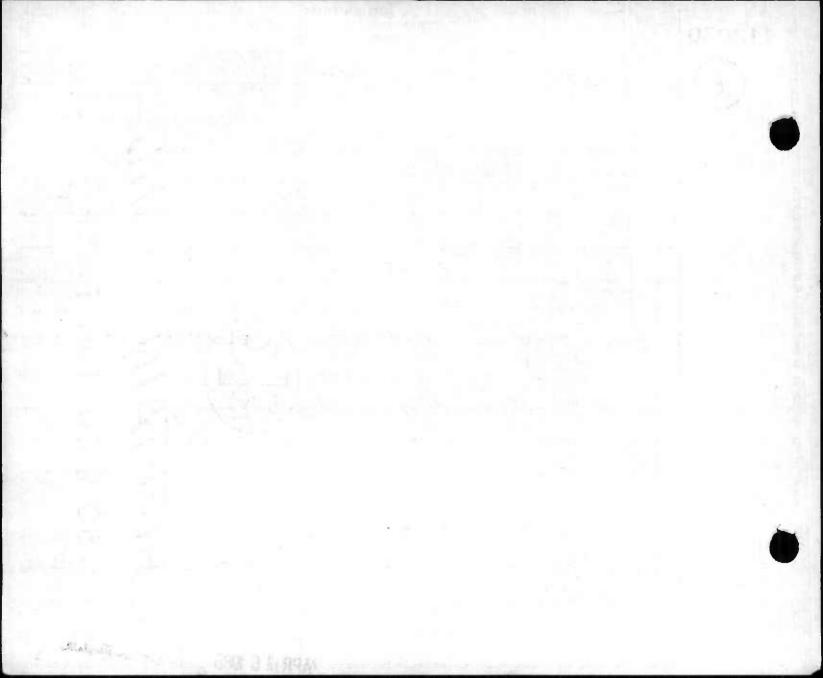
ADDRESS

S.S.PETER & PAUL CEM

COUNTY

STATE

STATE



22b. SIGNATURE

Burial

230 BURIAL, CREMATION, REMOVAL

220.1 certify that (I) (this hospital) attended the deceased from

sow the deceosed alive on NeVeV obove, (1) (xe) (did) (did not) view the body after death.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENT

0	9	1	5	0

TONGO	ľ	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. N
		CEASED NAME	FIRST		MIDDLE	U	AST		20 DATE C	OF DEATH
y be		Edw	ard	Roma	nus	O'DON	NELL		Apri	1 5,
1	3 SE			4. RACE		5 DATE O		YEAR	6 AGE IN	YEARS LAST BI
1	1	fale		White		Marc		1882	103	
VI		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8 MARRIET	NEVER	MARRIED -	9 BALTIM	ORE CITY O
0		W. Va.		USA		WIDOWE	D X	ONORCED [All	legany
6		TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN					L OCCUPAT
80/	-	rostburg			CHEACHITY GIVE STREET FOST DURG		mity	Hospital	Pos	
7 [130 5	AL RESIDENCE (IF NURS	SING NOME OF	OTHER INSTITUTION	130 CITY OR TOV		13d INSIDE	CITY LIMITS?	13e STREET	ADDRESS
2	Ma	aryland	Gar	rett	Mt. Lake		YES 🔀	NO 🗌		Paul]
11	14 FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER	R'S MAIDEN NAM	ΝĒ	MIDDLE
4		Edward			O'Donne	1	M	largaret		
3 4		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORM	ANT		ADDR
12	10	No	11 723, 010	E WAR OR DATES)	220-44-8	8856	Horac	e O'Don	nell	Uncas
in please remove corbon paper buriol, cremation, or removol. ry, or other troumatic event, the		18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gove rise to im- cause lol, stofir underlying cause PART 2 OTHER SIGI	VAS CAUSE IMMEDIA , which mediate ng the e last	DUE TO, C	co Fdiox or as a consequence or as a consequence	ENCE OF	leros	()	res i	
hory	Z	PART 2 OTHER SIG	MIFICANI	CONDITIONS C	ON INBUTING TO	DEATH BUT	NOI RELAIL	D TO THE TERM	INAL DISEA	SE OR CON
ws ony ii	CERTIFICATION	19a. DATE OF OPERA	TION	196 CONE	DITION FOR WHICH	OPERATION	N WAS PERF	ORMED	200 AU1	NOK
8	ERT	210. ACCIDENT WAS UNI	DERLYING [] 21b. TIME (-	21c HOW	NJURY OCCURR		
Hem 18		OR CONTRIBUTING		All I	.M. MONTH D	AY YEAR				
ed or me	MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE	OF INJURY		211 LOCAT			CITY OR TO
th o		AT WORK AT WO	ORK							

aumany

4/9/85

Durst Funeral Home - Oakland, Md. 21550

236. DATE

Garrett Co. Memorial

26 HOUR

REG. NO

MONTH

Romar	nus	O'DON	NELL	April	5,	198	15	6;4	5 P M
CE			OF BIRTH	6 AGE (IN YEAR			IF UNDER I YE	AR IF UNDE	R 24 MRS
hite			th 22, 1882	103		YRS	MONTHS DAY	HOURS	MIN.
IZEN OF	WHAT CO	DUNTRY? 8 MARPIE	ED NEVER MARRIED	9 BALTIMORE	CITY OF	COUNT	Y OF DEATH		
USA		WIDOW		Alleg	any				MD.
		L, NURSING HOME (GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OC				OF BUSIN	ESS OR
DA) F	rost	burg Comm	unity Hospital	Postal				road	
	GIVE RESIDE	ENCE BEFORE ADMISSION)		130 STREET ADI					
		Lake Park		107 Pa				21550	
			15. MOTHER'S MAIDEN NA	ME					
	מוים	nnell	Margaret	A	AIDDLE		Hoban	LAST	
		CIAL SECURITY NO.	17 INFORMANT		ADDRES	55 12	Skylin		170
PDATES)	220-	-44-8856	Horace O'Don	nell Ur	cast		e, Conn	. 063	382
ouse per	line for to	o), (b), and (c)		,			APPRO BETWEE	OXIMATE INTO	ERVAL D DEATH
SE (a)	C0+6	lior-co.	watery ar	rest			2	minu	ter
	DASAC	ONSEQUENCE OF							
/L 10, 0	AS A CI	1 hovocc	lerosis				2-0	4-601	- s
(c) TIONS <u>CO</u>	ONTRIBU		I NOT RELATED TO THE TERM	INAL DISEASE O		20b IF YE	ES, WERE FINI	DINGS USE	
				YES IN	010		IFYING CAUS	ES OF DEA	
OUR A.	M.	NTH DAY YEAR							
	OF INJUR	RY, OFFICE, FARM, ETC.)	211 LOCATION STREET	c	ITY OR TOW	γN	COUNTY		STATE
h-ec	e deceasi	19	nd that in (my) (part) opinion of		n the dat		, 19, our and from the		
			DEGREE					TE SIGNED	
		1	ATTENDING PHYSICIAN D	MEDICAL DIRECTOR	STAFF		14-	-6-8	35
			22e ADDRESS						
nav	nh	MD	Accide	nt	M) 2	152	0	
DATE		23c NAME OF	EMETERY OR CREMATORY	23d LOCATIO	NC				
9/85	1	Garrett	Co. Memorial	Oakl	and	G	arrett	Mar	yland

BY STRAR 28 REGISTRAR S SIGNATURE

should be detached for use with the State Dept of Meo IMPORTANT: If Item 21 is m BP

TO FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

morked

Constitute of the tension of tension of the tension

4.9

North Co. 1890rd Co. 1

		en c
	0	4
- 4	.0	. D C
100	34	
ARE	. O	
497		
18	-	114 =
1.1		足束
/-	-	100
	2	2.5
		5.2
	1/4	-
-	44	- 13 EA
	4100	12.75
1,000	- 10	16.8
	. 40	202
	70	-5.5
	2	2.3
	- 12	2.4
-		_ b_B
100	E 40	
	3	12.00
PK:		11.0
ris.	E	28.7
100	E.	M.
6	E.	14 6
45	E	72.4
and the same	3.	12.00
Carl Carl	100	- 1
	2	-
2	-	27 9 -E
200	- 40	119.3
AT.	-5	U-B /et
MF.	- 92	122 197
200	40	2.2
9		RH
200	-	- 6
-		2.5
and a		48.5
AE:	- 2	. E &
offi	- 8	2.6
		- a
pui .	-	0 0
in	-	000
7	Ü	c -0
-	-	70 0
0	- de-	2 0
han 1 O	0	0 0
111	70	± >
OK.	-	0 0
0.	9	9 5
	-	+ 5
2	-	~ 0
	0	200
=	4-	7 0
9	w	0 0
	a	C
v)	- 5	0 5
0	CT.	2 0
OC	e e	C -
0	-	4 6
ŭ	3	OF
W.	0	-
OC		0 0
and the	9 5	E D
<	E 5	63 -
l-s		2 5
>	ZX	0 0
44	4 £	+ +
~	- 0	+ -
U	2 00	0 0
Z	N E	V 5
0	7 5	2 0
~	I	£ 41
52	0	- 4
>	0 =	E -
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21301	ITENDING PHYSICIAN: The low requires that the death certificate be executed in this 23 men, after death. Four 4 may be outending physicion.	IOR. After this certificate has been signed by the ottending physical and the property of the fundamental difference of the burial-transit permit. Then please remove carbon partition to again the property of the please remove carbon partition.
	= >	4
	0 0	- 10
	Z -	00 0
	m o	0 =
		FO

m.c		CEASED NAME FIRST	MIDDLE	LAST	To DATE OF DETAIL	AY YEAR 26 HOUR
0 0		HAZEL	EMMA	OFTEN	APRIL 6, 1985	00:00
4 4	3 SE	Marine Marine	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	- M	FUNDER I YEAR IF UNDER 24 H
11 1	1	Female /	White 76 CITIZEN OF WHAT COUNTR	April 2, 1917		000000000000000000000000000000000000000
135	70 DI	IRTHPLACE (STATE OR FOREIGN) COUNTRY) Penna.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	ALLEGANY COUNTY	OF DEATH
11 10	II C	ITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS (
20	1	Cumberland	SACRED HEAD	RT HOSPITAL	Cook	School
8)83]N	ATHER'S NAME	Legany Mt. Sa	DWN 1134 INSIDE CITY LIMITS	Main St., 21	545
1/1/0		Thomas	Mull	Eva	Mink	TMTTAR
		WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SE		-	x 240
12 1/	(YES NO OR UNKNOWN) (IF YES GIVE	215-21	0-6764 Eugene L	. Often. Mt. Sav	
the ottending phremotion, are remove carbon premotion, ar remotion are removed to the control of		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate couse (o), stating the	V = 1 -			
requires that the about certiful to the signed by the attending plut. Then please remave carbon plut to burial, cremotion, ar remainjury, ar other traumatic ever	ATION	Conditions, if any, which gave rise to immediate couse (0), stating the underlying couse last	DUE TO, OR AS A CONSECTION OF THE CONSECTION OF	DUENCE OF O DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIVE	
ow requires been signe rmit Then p prior to bur Hr injury,	TIFICATION	Conditions, if any, which gave rise to immediate couse (0), stating the underlying couse last	DUE TO, OR AS A CONSECTION OF THE CONSECTION OF	DUENCE OF	20a AUTOPSY? 206. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
been signe rmit Then p prior to bur the injury.	ICAL CERTIFICATION	Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION ONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH HOUR A.M. MONTH P.M.	O DEATH BUT NOT RELATED TO THE T CH OPERATION WAS PERFORMED DAY YEAR 19	200 AUTOPSY? 206. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
ine low requires sicion. Stephos been signe and permit. Then progree prior to bury	MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate couse (0), stating the underlying couse last PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	DUE TO, OR AS A CONSECT OF THE PROPERTY OF THE	DUENCE OF O DEATH BUT NOT RELATED TO THE T CH OPERATION WAS PERFORMED DAY YEAR 19 216 HOW INJURY OCC	20a AUTOPSY? 20b. IF YES, IN CERTIFY YES NOT YES	WERE FINDINGS USED ING CAUSES OF DEATH?
ow requires been signe rmit Then p prior to bur Hr injury,		Conditions, if any, which gave rise to immediate couse (o), stafting the underlying couse last. PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE ALWORK 22a, certify that (1) (this hospite	DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION ONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 19b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE al) ottended the deceased from	DUENCE OF O DEATH BUT NOT RELATED TO THE T CH OPERATION WAS PERFORMED DAY YEAR 19 216 HOW INJURY OCCURRENCE OF THE TOTAL OCCURRENCE OF THE TOTAL OCCURRENCE OF THE TOTAL OCCURRENCE OCCU	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO TO THE NATURE OF INJURY IN ITEM 18 PA	WERE FINDINGS USED (ING CAUSES OF DEATH? NO NO COUNTY STATE
IENDING PHYSICIAN: The low requires to or otherding physicion. OR After this certificione has been signe or use as the burial-transit permit. Then p if Health and Mental Hygiene priar to burial is marked a.		Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT COUNTY OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OR CONTRIBUTING OR CONTRIBUTING CONTROL OF THE CONTROL OF	DUE TO, OR AS A CONSECT OF INJURY HOUR A.M. MONTH P.M. 21b. PLACE OF INJURY (AT HOME. STREET, FACTORY OFFICE) all ottended the deceased from 19	DUENCE OF O DEATH BUT NOT RELATED TO THE T CH OPERATION WAS PERFORMED DAY YEAR 19 216 HOW INJURY OCC 19 217 LOCATION STREET 19 19 19 19 19 19 19 19 19 19 19	200 AUTOPSY? 206 IF YES, IN CERTIFY YES NO TO THE TEM 18 PA	WERE FIND INGS USED YING CAUSES OF DEATH? NO [] R1 OR PART 2] COUNTY STATE
OR ATTENDING PHYSICIAN: he low requires the haspitol or otheranding physicians been signe DIRECTOR. After this certificate has been signe oched for use as the burial-transit permit. Then p. Dept. of Health and Mental Hygiene prior to burill them 21 is marked a		Conditions, if any, which gave rise to immediate couse (0), stating the underlying couse last. PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNTY	DUE TO, OR AS A CONSECT OF INJURY HOUR A.M. MONTH P.M. 21b. PLACE OF INJURY (AT HOME. STREET, FACTORY OFFICE) all ottended the deceased from 19	DUENCE OF O DEATH BUT NOT RELATED TO THE T CH OPERATION WAS PERFORMED DAY YEAR 19 216 HOW INJURY OCC SIRRET 19 THE FARM EIC 1 DEGREE ATTENDIN PHYSICIAL	200 AUTOPSY? 20b IF YES, IN CERTIFY YES NOW YES PACEURED (ENTER NATURE OF INJURY IN ITEM 18 PACEURED CITY OR TOWN 10 10 10 10 10 10 10 10 10 10 10 10 10 1	WERE FINDINGS USED (ING CAUSES OF DEATH? NO [] R1 OR PART ?] COUNTY STATE
NR ATTENDING PHYSICIAN: The low requires haspito or otherding physicians in IRECTOR. After this certificate has been signe hed for use as the burial-transit permit. Then pept of Health and Mental Hygiene prior to buritem 21 is marked a		Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNTY O	DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION ONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 196 CONDITION FOR WHICE 196 CONDITION FOR WHICE 198 CONDITION FOR WHICE 198 CONDITION FOR WHICE 199 CONDITION FOR WHICE 190 CONDIT	DUENCE OF O DEATH BUT NOT RELATED TO THE TO CH OPERATION WAS PERFORMED DAY YEAR 19 216 HOW INJURY OCC STREET 19 217 LOCATION STREET DEGREE ATTENDIN PHYSICIAL 226 ADDRESS	200 AUTOPSY? 20b IF YES, IN CERTIFY YES NO CURRED (ENTER NATURE OF INJURY IN ITEM 18 PA CITY OR TOWN 10 10 10 10 10 10 10 10 10 10 10 10 10 1	WERE FIND INGS USED YING CAUSES OF DEATH? NO [] R1 OR PART 2) COUNTY STATE 9 that [] (we) I and from the couses stated 72c DATE SIGNED

TARE THE CHARLE THE COLLEGE

The second of th

ALLEGRON COLUMN

the condition of the second second second beautiful beautiful

to the first to the state of th

. Lat. (Later) and control of the later of

with charles area land and - '-

5	1-	FOR STATE REGISTRAR	ME	STATE OF HEADERARTMENT OF HEADER			9 / REG. NO.	5 8
107117 25284		CEASED NAME ELATIN	E Joy	OLIVER	LAST	2ª DATE OF DEATH	KNOWN MAN ESTI-	10 85 12 HOU
N STR	SE)	male White	DATE OF BIRTH	/ 22 63 YRS.		UNDER 24 HRS 2c. DATE DURS MIN PRONOUL DE AL	NCED 4	10 0 85 094
SHOW THE REAL PROPERTY.	FC V	RTHPLACE (STATE OR REIGN COUNTRY) Virginia	76. CITIZEN OF WE	SA w		MARRIED A1	AORE CITY OR COL	M
. 21201 F ANY DELAY IS NI RETAIN PAGE 5 SHOULD BE FILED, V RECORDS, 201,		TEARPET TYPE UNIV	(IF NOT IN SUCH FA	PITAL, NURSING HOME, OF CILITY, GIVE STREET ADDRESS! heridan St	OTHER INSTITUTIO	FOR MOST OF WO	PATION (TYPE OF WOI RKING LIFE) str.Cler	OR INDUSTRY
F ANY D R AND 3 R AND 3 SHOULD ERECORE	_	RESIDENCE (IF IN NURSING HOME)	regany	Cumberlar Cumberlar			sheridan	/ 21502
BALTIMORE, MD. 2120) S. AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND: TITH FORM PM 3. RETA PAGES 1, KNIDA, SHOULI VISION OP/VITAIRECTO		Harry	S.	Tracy	Fre	da	WIDDLE	nknown
S AFTER S OF THE GIVE PA GIVE PA GIVE PA GIVE PA GIVE PA GIVE SON	16a. V	No	E WAR OR DATES)	215-14-64	56 John	T. Oliver	- Cumbe	Mem. Ave.
BUYISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF RITING THE WORD "FENDING" IN PENCIL IN 1TEM 18, GIVE PAGES 1, 2. RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RE 3 SHOULD BE USED AS A BURRAL-TRANSIT PERMIT. PAGES 1, RNDS SY E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL OF PRICAT OBURRAL. CREMATION, OR REMOVAL.	NO	PART I DEATH WAS CAUS IMMEDI. Conditions, if ony, whic gave rise to immediat cause (a) stating the unde lying cause lost. PART 2 OTHER SIGNIFICANT CONDITION	ATE CAUSE (a) DUE TO, OR (b) DUE TO, OR (c)	for (a), (b), and (c).) ardiac arre AS A CONSEQUENCE OF Hypertensiv AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL	esardio		eart dis	· Yrs
NVISION OF VITAL REC GERTIFICATE SHOULD B RITING THE WORD "FEN RED TO THE CHIEF ME E.E. 3 SHOULD BE USED AS E. DEPARTMENT OF HEAL OF PRIOR TO BURGAL. G	CERTIFICATION	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR	216 TIME OF	FINJURY MONTH DAY YEAR		D? CURRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 O	2B AUTOPSY? YES NO APART?
DIVISION OF VITA THIS CERTIFICATE SHOWARDED TO THE CHIE PAGE 25 SHOULD BE US TATE DESTINANT TATE DESTINANT 21201 PRIOR TO BURNA	MEDICAL	CONTRIBUTING CAUSE OF	21e PLACE		If LOCATION STREET	CITY OR TO	OWN	COUNTY STATE
TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 SAFER-PGATH, WITH THE STATE DEF BALTIMORE, MARYLAND, 21201 PR		27a. I certify that I took cha death resulted from Not ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	rge of the remains des ural causes 3. Paul Sno	Acetaem . Suicide	Homicide TITLE (SPEC		anner , , , , , , , , , , , , , , , , , , ,	1 70 00
PB-BACFE -	{!	Burial	04/12/85	23c. NAME OF CEMET		Park Cumb	erland,	Alleg., MD
DHMH - 17 (VR A15 ME (5))	24. F	John Haf	er, Jr.			APR 1 5 1985	-	

x

NOTE AND THE SECOND SEC

Note that the second of the latest and the latest a

. IL PER United to 1 to 5

20-01-

081 - 1

. La propertie de la constante de la constante

U C	T : N
Č,	1 : 11
1	40.4
	200
C	D 74 C
5	2.100
6	2 5 4
Ö	2.5
	+ - 0
éu .	0 3 6
-	£ _ *
ō	- 0 -0
1/2	0 = 0
-	4
ñ	E 0 G
Č.	70 -
77	00
N.	= 3
	- 0
_	> = 6
=	6
-	4 1
5	- P -
0	5 5 / 1 %
0	500
5	0 - 4
Ü	V9 0
0	D 0
di)	0 0
4.	0 8
0	97
	0 5 6
0	U U +
D	200
Ü	2000
O-r	Q C F
See	- 5 6 6
ė.	00 0 2
0	2 5 5 2
C	0000
D	6 . C E
Š.	£ 0 0 3
Ö	0 0 = 0
do	4 F 0 +
č	C O E
0-	
	Y 0 0 +
č	0 5 - 0
den .	700 2
vo.	0 0 -
0	5 - 3 >
-	0 5 0
50	S C D .=
8	c
-	0 0 >
>	9 2 2 0
Ď.	TEGG
~ .	5 0 0 V
0 =	2003
C 0	+ 0 0
- 0	0 0 0
. 10	0 5 5 7
4 6	OFT
Q 0	+ + 5
) _	F 0 5
- 0	9 - 4
, E	. 5 4 .
70	2 0 < 5
2 5	+ 00 -
- 6	4 5 6
2 6	0 0 3
7	# 0 4 5
5	4 m
	% %
4-5	OF PT S
11 5	0 5
REALIENDING PHYSKLAN, the law requires that the death certificate be executed within 24 haurs after death. Page hospital or attending physician.	IRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the first the feet for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with requirements of Health and Mental Hygiene prior to burial, cremation, or remayor, as the major and the filled with the shows any injury or other trainmair event the medical activities and the major and the major and the medical activities.
S >	Unis
	2 0 0
E an	- L 0 F

FOR DURST FUNERAL HOME DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRA 57 FROST AVE. FROSTBURG, MORTIFICATE OF DEATH MIDDLE 20 DATE OF DEATH MONTH DECEASED NAME 2h HOUR LIVEE OR PRINTE DOROTHY ANN ONEAL APRIL 11.1985 1:00 PM 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX 4. RACE 5 DATE OF BIRTH IF UNDER I YEAR MONTH Feb. 16. 1910 Female White Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED Maryland ALLEGANY COUNTY WIDOWED DIVORCED 2a USUAL OCCUPATION 126 KIND OF BUSINESS OR NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Homemaker Own Home Cumberland SACRED HEART HOSPITAL WOULL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 130 COUNTY 130 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE Rt. 2. Box 220. 21532 Maryland Allegany Frostburg 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST Dickey Hopkins Richard Eva 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES NO OR UNKNOWN) 218-31-4668 Eva R. Stevens, La Vale, Md. No APPROXIMATE INTERVAL 18 CAUSE OF DEATH :Enter only one couse per ling to PART I. DEATH WAS CAUSED BY. Conditions, if ony, which gave rise to immediate couse (o), stating the cause last. 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION WHICH OPERATION WAS PER 20a AUTOPS IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING T 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC 1 STREET AT WORK 220 1 certify that (1) (this haspital and deceased from. saw the deceased alive a and that in (my) (our) apinion death accurred on the date and how and from the causes stated obover, (I) (we) (did) (did) w the body ofter death 22¢ DATE SIGNED should be detach with the State De IMPORTANT: If It ATTENDING 1 MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS CHANG OH, M.D 48 TARN TERRACE FROSTBURG, MD. 21532 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Burial Frostburg Mem. Park Frostburg Allegany. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Durst Funeral Home, Frostburg, (VRA 15, 4) Md.

STATE OF MARYLAND

- 0.93E

THOST AVE. PROSTEURGA ME. IN THE AVE.

ESPECIAL MARKET SEED MAY VIVOUS LI

TELETION AND SETTING

Justine Land. Sacret ever territor. Honoraline Cun Mono.

Seels was not a still a prostours from the still a box age.

Dioley

els-on-the ter ave a. avevalue, in value, ind.

the computer and the resulting the second of the second

	S
	ATTENDING
DIVISION OF VITAL RECORDS, 201 W. PRESTON 51., BALLIMONE, MANILLAND 212	28 ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 has
VII AL REC	N. The low
ORDS, A	PAGILIE A
	thot
Y.	the
	deoth
A 0 10 N	certificate
OW I	he ex
NE, MA	houthed
AN LEM	within
2	24
7	2000

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAKRYGIENE

9 / 6

1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAKRYG ICATE OF DEATH	IENE U	10.	0 0	
	CEASED NAME	FIRST	- 1	MIDDLE	(AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
(ITPE		Ethel		I. 0	rndor	ef	April	22, 1	985	M
3. SE			RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Female		Whit	ө	Nov	7. 13,1911	73	YRS.	MONTHS: DATS	HOURS MIN.
	RTHPLACE (STATE OR	FOREIGN 76.	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
	Marylan	nd	U.S.	A .	WIDOWE	60.00	Alleg	any		MD.
10 C	TY OR TOWN OF DE.	ATH 11	. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA			F BUSINESS OR
1	Mt. Sava	ge	131	Foundr		N .	Kelly	OF WORKING UP	Tire	9 00.
130. 5	AL RESIDENCE (IF NUR STATE	136 COUNTY	ERINSTITUTION	13t. CITY OR TOV	VN	134 INSIDE CITY LIMITS?	130 STREET ADDRESS	ndry	Row, 2	21545
_	THER'S NAME		-			15. MOTHER'S MAIDEN NA	ME			
1	James 5	E		Crost	on	Carrie	WIDDIE	Mur	phy	Л
	VAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL SECT		17. INFORMANT	ADDI			
(NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	216-22	-5421	Mrs. Thelr	na Uhl, S	ame a	s 13e	
	PART I. DEATH V	TH (Enter only over CAUSED E	BY:	line for Ja), (b), gi	lac (my flux [Possible V.	FShil	4 (BET NEEN)	IMATE INTERVAL ONSET AND DEATH
NOI	Conditions, if ony gove rise to im couse (a), state underlying coust PART 2 OTHER SIG	mediote ng the e lost.	DUE TO, O	Men	which	Heart DE	JURINE MU Jecsel. INAL DISEASE OR COI	MOITION GIV	EN IN PART 1	0,
TIFICAT	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES IN CERTIF YE	, WERE FIND II YING CAUSES S	NGS USED OF DEATH?
MEDICAL CERTIFICATION	210 ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 P	ART I OR PART 2	
MEDI	21d INJURY OCCUR	HILE C	21e PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR T	OWN 1.4	COUNTY	STATE
_	220.1 certify that (I saw the decea above (I) (we) (27) SKNA2URE	and alive on	the foots	e derealachtam.		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 270 ADDRESS	MEDICAL ST	date and hou		
		. Fel		M.D.			Walsh R	d., C	umber	Land, Mo
23o. E	BURIAL, CREMATION	, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	Burial		Apr. 2	185 M	ethod	dist Cemeter			Alleg	
24. FI	UNERAL DIRECTOR		al Ho	me, Fro	stbur	eg, Md pR 2	9 1085 GA	256. REGIST		URE B

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

retained by the haspital or attending physician.

TO HOSPITAL

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and complete should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troum

that is a constant to the same of the same The same of the sa principal to the second second . O The state of t with the product of the Research States and the states of Allegay The con con Correla No. 1 Part - Int. - Int 100 for Fridge, M.C. of the state of the state of the first of the The state of the s

		CEASED NAME FIRST		MIDDLE	LAS	T	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR
deoth		DELLA	M	1	PAHE	L	APRIL 2	8, 1985	6:23P M
er de	3 SE	X	4. RACE		5. DATE OF		6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER TYE	
the a	F	emale	White		OCT.	6. 1902	82	YRS MONTHS DA	YS HOURS MIN.
2 Same		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	□ NEVER MARRIED □	9 BALTIMORE CITY O	R COUNTY OF DEATH	
6 6/5		ennsulvania	U.S.A		WIDOWED		ALLEGAN	IY COUNTY,	MD.
152		umberland	(IF NOT IN SU	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET CRED HEAR	ADDRESS)	OTHER INSTITUTION		ON 126 KINI OF WORKING LIFE) INDUSTI -Stewart's	
N RA	130 S	AL RESIDENCE (IF NURSING HOME STATE 136 CO		130 CITY OR TOW Cumberla	'N I	13d INSIDE CITY LIMITS? YES XX NO [130 STREET ADDRESS	ZIP CODE er Street	/ 21502
		THER'S NAME FIRST	MIDDLE	Cribbs		Bertha			LAST
137			ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS	
Pop a		No No		1904042	242	Leroy Pahel-	-Address sam	e as #13 at	ove.
month the		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU		Prine for (a), (b), an	Jack	ni		BETWE	EN ONSET AND DEATH
emove corbination, or r froumotic		Canditions, if any, which gave rise to immediate cause (a), stating the	(b)_	DR AS A CONSEQUE	E				(ms
ose not cre		underlying cause last	DUE 10, C	or as a conseque	ENCEOF				
Then plear to burno injury, or	NOI	PART 2 OTHER SIGNIFICAN	TCONDITIONS C	A MI	DEATH BUT N		MINAL DISEASE OR CON	DITION GIVEN IN PART	Ira
ene prio	CERTIFICATION	19a DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO XX	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
ol-fronsi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY N.M. MONTH D. P.M.	AY YEAR	21¢ HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	RY IN ITEM IB PART I OR PART	2)
and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY		211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
or use as of Health		220.1 certify that (1) (this has sow the deceased alive abave, (1) (we) (did) (did	on 4-28	19_	2 - and	that in (my) (aur) opinion	to $y-2y$	19 SV ate and have and from t	_, that (I) (we) last the causes stated
the Cl to		-11.1.1.1.1.10.1.10.10		,		EGREE		1	ATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Coral - Indiana Co. - PA. Burial 5-2-85 Coral Luth. Chapel Cem. 24 FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A. 1250 DATE REGISTRAR 1250 R

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

Figure Carlo be because the second se

DIELOS SERVIS CARROS CONTRACTORAS CENTRAL

236. '80 Tabay' Enwa

SACRED LEAD T HOSPITAL

GEORGE PREIN, M.O.

		CEASED NAME FIRST	W. VA.	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
	11176	DANIEL	WEBSTER	PAUGH	APRIL 20, 1985	02:35A		
	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MI		
	1000	Male	Cau.	August 9, 1918	66 YRS	s.		
15		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN			
7		ryland TY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	ALLEGANY CO	OUNTY 12b KIND OF BUSINESS O		
1	Cu	mberland	SACRED HE	ART HOSPITAL	TYPE OF WORK FOR MOST OF WORKING			
20	13a S	TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEF NTY 13t. CITY OR TO	OWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO			
23		Tyland Alle	gany Wester	YES NO I	Rt.#1 Box 14	21562		
10		FIRST	MIDDLE LAST	FIRST	MIDDLE	Tachon		
,		AS DECEASED EVER IN U.S. AR		CURITY NO. 17 INFORMANT	ADDRESS	ia Tasker		
	()	ES, NO OR UNKNOWN) (IF YES, GIV	215090	1459 Odis David Pa	wah same as 13			
		18 CAUSE OF DEATH Enter on	nly one couse per line for (a), (b),		augit swite us 15	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT		
	1,0	PART I. DEATH WAS CAUSE	D BY SOLVE	11 Select & 1	165 bleedy	ul		
			DUE TO, OR AS A CONSEG	DUENCE OF	1			
E		Conditions, if any, which gove rise to immediate						
		couse (o), stating the	DUE TO, OR AS A CONSEC	DYGNCEPY, A				
- 1		underlying cause last.	WI A	Vall () 4				
	NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION (GIVEN IN PART 110		
7	ICATION	PART 2 OTHER SIGNIFICANT (<u>o death</u> but not related to the term choperation was performed	20a AUTOPSY? 20b IF	GIVEN IN PART 110 YES, WERE FINDINGS USED THEYING CAUSES OF DEATH?		
2	RTIFICATION	19a, DATE OF OPERATION	19b CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YESNO		
2	L CERTIFICATION		196 CONDITION FOR WHITE	CH OPERATION WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? 20b IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YESNO		
2	_	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINE)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	CH OPERATION WAS PERFORMED DAY YEAR 19	200 AUTOPSY? 20b IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YESNO		
2	MEDICAL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 06/ (IF EITHER NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED WHILE NOT WHILE	196 CONDITION FOR WHILE 216, TIME OF INJURY HOUR A.M. MONTH	CH OPERATION WAS PERFORMED 21c HOW INJURY OCCUR 19 21f LOCATION	200 AUTOPSY? 20b IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YESNO		
29	_	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEA (IF EITHER, NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED WHILE AT WORK AT WORK	216. PLACE OF INJURY ATHOR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	CH OPERATION WAS PERFORMED 21¢ HOW INJURY OCCUR 19 21f LOCATION STREET	200 AUTOPSY? 20b IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 1 18 PART OR PART 2) COUNTY STATE		
29	_	19a, DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ORA (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (I) (this hospit sow the deceased alive and sow the dec	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) attol) ottended the deceased from	CH OPERATION WAS PERFORMED DAY YEAR 19 216 HOW INJURY OCCUR 19 216 LOCATION STREET	200 AUTOPSY? 20b IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18 PART I OR PART 2) COUNTY STATE		
29	_	19a, DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ORA (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (I) (this hospit sow the deceased alive and sow the dec	196 CONDITION FOR WHITE ATH HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE (Stoll) ottended the deceased from	CH OPERATION WAS PERFORMED 21c HOW INJURY OCCUR 19 21f LOCATION STREET	200 AUTOPSY? 200 IF IN CER YES NOTE NATURE OF INJURY IN ITEM CITY OR TOWN	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18 PART I OR PART 2) COUNTY STATE		
29	_	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this hospi	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) attol) ottended the deceased from	CH OPERATION WAS PERFORMED DAY YEAR 19 21f HOW INJURY OCCUR 19 21f LOCATION STREET 19 10 11 12 15 16 17 19 18 19 19 19 19 19 19 19 19 19 19 19 19 19	200 AUTOPSY? 20b IF IN CER YES NO NO NO IN CER CITY OR TOWN CITY OR TOWN MEDICAL STAFF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18 PART 1 OR PART 2) COUNTY STATE TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR		
129	_	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this hospi	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) attol) ottended the deceased from	CH OPERATION WAS PERFORMED DAY YEAR 19 21f LOCATION STREET 19 21f LOCATION STREET DEGREE ATTENDING PHYSICIAN ADDRESS	200. AUTOPSY? YES NO NO NO RED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN death occurred on the date and harden or the date and hard	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 19 that (It (we) I hour ond from the couses stoted) 12c. DATE SIGNED 4 20-		
29	_	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this hospi	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) attol) ottended the deceased from	CH OPERATION WAS PERFORMED DAY YEAR 19 21f LOCATION STREET 19 21f LOCATION STREET DEGREE ATTENDING PHYSICIAN ADDRESS	200 AUTOPSY? 20b IF IN CER YES NO NO NO IN CER CITY OR TOWN CITY OR TOWN MEDICAL STAFF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 19 that (It (we) It hour and from the couses stated) 172c. DATE SIGNED		
29	WEDICAL WEDICAL	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this hospi	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE ATTOL OTTENDED TO THE PROPERTY OF	CH OPERATION WAS PERFORMED DAY YEAR 19 21f LOCATION STREET 19 21f LOCATION STREET DEGREE ATTENDING PHYSICIAN ADDRESS	200. AUTOPSY? YES NO NO NO RED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN death occurred on the date and harden or the date and hard	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 19 that (It (we) It hour and from the couses stated) 172c. DATE SIGNED		

DANTICL WERSTER PANCH - C. FERRE 20, 1933 - C-65

Mission Page 1975 Committee of the Commi

Controlled The Associated Labourer Labourer Controlled

TELLI LIST TO TE DE LE STORMANDE MINOSIA MANGENTE

John Halliam Pauch Alice L. Finguin John

SIEGOSES COLL DRIVER TAMER AGENCY TO THE TELL TH

AND A LANGUAGE OF THE PARTY OF THE OWNER, OF THE PARTY OF

"may sen", 1985, " (produkta) gaybasakakaka " 2881, Tr. And I haine

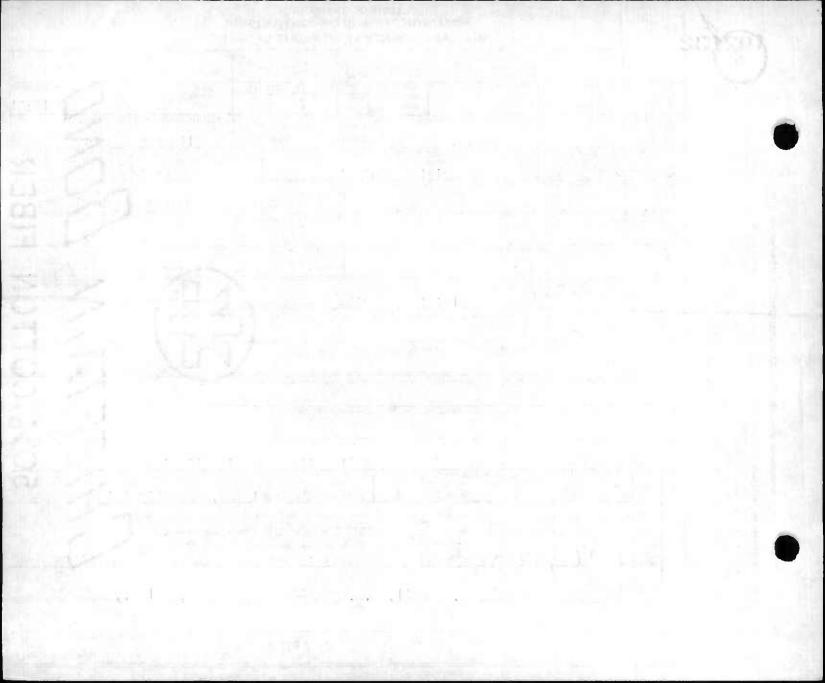
Again the state of the state of

ON ST., BALTIMORE, MD. 21201	M HOURS AFTER DEATH. IF ANY DEAY IS TEM 18. GIVE PAGES 1.2, AND 3 TO THE FORM PW. 3. RETAIN-PAGE PERMIT. PAGES 1 RND 2 SHOULD BE FILED SHEW, DIVISION OLD PARENCARD, 2011 VAL.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH TO BE A CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 GIVE PAGES 1.2 AND 3 TO THE HOUR BE CORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PROPER SHOULD BE LOSED AS A BURIAL - READING PENDING PROPER SHOULD BE LOSED AS A BURIAL - READING PENDING PROPER SHOULD BE LOSED AS A BURIAL - READING PENDING PROPER SHOULD BE LOSED AS A BURIAL - READING PENDING PENDING PENDING PROPERTY OF HEALTH AND MENTAL HYGIER DIVISION OF MEDICAL PROPERTY OF REMOVAL.
	CERTIFICA OULD BE FC DIRECTOI MARKIAN

(VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE () 9 / 6

4	- STATE REGISTRAR	MED	ICAL EXAMINER	S CERTIFICATE	DEDEATH	G. NO.	0	
٦	DECEASED NAME FIRST		WIDDLE	LAST	20 DATE KNOW	NX X MONTH	DAY YEAR	26 HOUR
I	[TYPE OR PRINT)	THOMAS	CHR1ST1		E DEATH MATE	0 0 4	5 1985	м
ı	1. SEX 4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS II	ONTHS DAYS HOURS	R 24 HRS 20 DATE MIN PRONOUNCED	MÖNÏH	DAY YEAR	2d HOUR
J	Male. White	March 31,		IONTHS DAYS HOURS	DEAD	4	5 1985	2:34
	DIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WH	AT COUNTRY?	ARRIED NEVER MARE	RIED X 9 BALTIMORE C	ITY OR COUNTY	OF DEATH	PM
1	Ohio	u.s.		OWED DIVOR	111160		inty	MD
	Cumberland	IF NOT IN SUCH FAC	TITAL, NURSING HOME, OR LUTY, GIVE STREET ADDRESS) TOTIAL HOSPI		120 USUAL OCCUPATION FOR MOST OF WORKING LIFE Carpenter-CO	1	OR INDUSTR	YS
7	SUAL RESIDENCE LIF IN NURSING HOP	E OF OTHER INSTITUTION, GIV				reorreact v	2/2/2/	100
1		hland	Columbia	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 516 Sta San	tee Aveni	le / 29	205
1	14. FATHER'S NAME	WIDDIE	LAST	15. MOTHER'S MAID	EN NAME MIDDLE		LAST	
4	Joseph	S.	Peake	Louise			Eitel	
7		RMED FORCES?	166. SOCIAL SECURITY NO.	17 INFORMANT	ADD	ŖESS		
1	No.	T'	247-17-9000	Louise Pe	eake-Address	same as #	13 abo	ve.
Ī	18 CAUSE OF DEATH (Enter	anly ane cause per line	ar (o), (b), ond (c).)				APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
Į	PART I DEATH WAS CAUS	SED BY: DATE CAUSE (a) M	ultiple Injur	ies			OET WEET ON SET	AND DEATH
1	3 8817		AS A CONSEQUENCE OF					
J	Conditions, if any, while					1		
1	gove rise to immedio cause (a) stating the unde		AS A CONSEQUENCE OF					
1	lying cause last.	(c)						
	PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL O	SEASE OR CONDITION GIVEN IN P	ART 1 o			
4	196. DATE OF OPERATION 210 EXTERNAL CAUSE WAS	LIST CONDIT	ON FOR WHICH OPERATION	N WAS PERFORMED?			20 AUTOPSY?	
1	2	130 CONDI	ON TOR WINCH OF ERATIO	WAS FERI ORMED				
	210 EXTERNAL CAUSE WAS	216 TIME OF	INITIDY	- HOW INTURY OCCUPE			YES X	NO []
5		HOUR A.M.	MONTH DAY YEAR		ED (ENTER NATURE OF INJURY IN IT)	
1	UNDERLYING OR CONTRIBUTING CAUSE O 21d. INJURY OCCURRED WHILE NOT WHILE		4/5 1985 f	ell while mo	ountain climbi	ing		Sect
	214. INJURY OCCURRED WHILE NOT WHILE		DRY, FARM, ETC.)	LOCATION	CITY OR TOWN	COUNT	Y	STATE
	AT WORK AT WORK	xx Eas	t Side of Sen	<u>eca Rock Per</u>	ndleton, West	Virginia	3	
4	22a I certify that I taak cha	irge of the remains desc	ribed obove, held an Ai	otopsy XX Inspection	on . Inquiry .	ond in my opini	on	
d	death resulted fram; No	turol couses	Accident XX. Suicide	Hamicide .	Undetermined monner	<u></u>		
e#	A.C.	· 1		TITLE (SPECIFY)				
Ų	SIGNATURE WOLL	melle	mul,	M.DAssistant	MEDICAL EXAMINER	DATE SIGNED.	4/6/85	
1	EVALUATE DISTANCE	P V					,	
	(TYPE OR PRINT)	Margarita	A. Korell. M.	D ADDRESS 111 F	onn Street F	Balto M	21201	
1	23a BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETER		23d LOCATION	COHNIA	61	ATE
-	Cremation	4/6/85	Rosedale Ch	apel	Martinsburg	-Berkelei	y Co W	.Va.
1	24 FUNERAL DIRECTOR George			D A 250 DATE	REC'D. BY REGISTRAR, 256	REGISTRAR'S SIG	NATURE	
	202 Greene Stre	et-Cumberla	nd, Md. 2150		5 1985	Lacidson-A	andere	



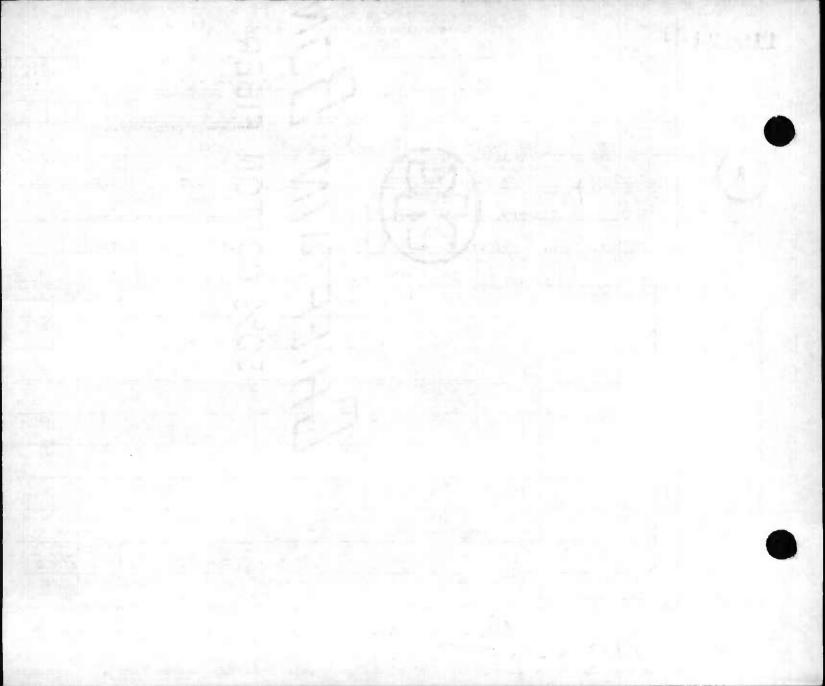
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	Q	1	in	43
U	1	1	V	4

T - FOR STATE REGISTRAR			HEALTH AND MENTAL RYG FICATE OF DEATH	REG. NO.	1 0 0	
1 DECEASED NAME FIRST GEORGI	MIDDLE L.	PFITZE	NMAYER	April 15,	1985	6:45 P· M
3. SEX	4 RACE	5. DATE	OF BIRTH	6 AGE LIN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR	
Male	Caucasian	$ \begin{array}{c c} & \text{MONT} \\ & 0 \end{array} $	3/29/31 YEAR	54	YRS MONTHS DAYS	HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT O	COUNTRY? 8 MARRIE WIDOW	ED NEVER MARRIED DIVORCED	BALTIMORE CITY OR Allegany	COUNTY OF DEATH	445
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATIO		OF BUSINESS OR
Cumberland		Hospital		(TYPE OF WORK FOR MOST OF V		Manuf.
SUAL RESIDENCE (IF NURSING HOME 136 STATE 136 CO	UNTY 13c CI	idence before admission) IY OR TOWN Ellerslie	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / : Humbird St:		
14 FATHER'S NAME FIRST	WIDDLE	LAST	15 MOTHER'S MAIDEN NAME FORST Helen			151
Gilbert C. 160 WAS DECEASED EVER IN U.S.		CIAL SECURITY NO.	17 INFORMANT	ADDRES		
(IF YES.	GIVE WAR OR DATES)	7-28-0062		fitzenmayer,		
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDI	SED BY IATE CAUSE (a)	archio-	respirator	of Arrest	APPRO	XIMATE INTERVAL LONSET AND DEATH
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	(0)	Me +G STA CONSEQUENCE OF	TO ESOTA	SEOV CA	ITION GIVEN IN PART 1	10
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING		OR WHICH OPERATIC	12. 70	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED
	DEATH	RY ONTH DAY YEAR 19	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART OR PART 2}	
OR CONTRIBUTING CAUSE OF E	21e PLACE OF INJU-	JRY ORY OFFICE FARM ETC }	211 LOCATION STREET	CITY OR TOW	n COUNTY	STATE
220 I certify that (1) (this has saw the deceased alive of		19a	nd that in (my) (aur) apinian	death accurred an the date		that (I) (we) last causes stated
22b SIGNATURE	RV	M	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF	14/	18/85
Dr. Qamar Za			220 ADDRES Memori Cumber	al Hospital land, MD 215	Medical But 02	il/ding
230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial	4/18/85		r Cemetery	23d LOCATION CITY OF TOWN RD, Hyn	dman, Bedfo	rd, PÅ
Harvey H./Zeig	ler Hyndman	ADDRESS , Pa. 155		2 10051 &	Sb. REGISTRAR'S SIGNA	TURE

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND

DEFAR	IMENI	OF HEAL	H AND MEN	STU PIENE	1
EDICAL	EVAL	MINIED/C	CERTIFICA	TE OF DEATH	

7	1	0

DELWEI	MEITI OF	LIENCI	II AIND ME	13	II CALENCE	-
AFDICAL	FYAMIR	JED'S	CEPTIFIC	ATE	OF DEATH	

			-		
REG.	NO.	1			
 				 -	7.

	{TYP	CEASED NAME OR PRINT)	Kob	ert	MIDDLE	Po	Her	20 DATE KNOWN POF ESTI- DEATH MATED	3 26 1985 8:02M
	3. SEX		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEAR LAST BIRTHDA			MIN PRONOUNCED	MONTH DAY YEAR 24 HOUR
1		ale	white	10-04-19		S.		DEAD	J 26 19 85 8,02m
7	FOI	REIGN COUNTRY)	3. A.E. OK	USA	TAI COUNTRY?		ED NEVER MARR		
싥	10 CI	TY OR TOWN	OF DEATH		PITAL, NURSING HOME	WIDOW		ED Allegany 120 USUAL OCCUPATION (TYPE	OF WORK 12b KIND OF BUSINESS
1		Cumber		(IE NOT IN SUCH FA	cility Give street ADDRESS) Drial Hospit	cal		FOR MOST OF WORKING LIFE) Draftsman	OR INDUSTRY UNKNOWN
5	30. S1		1136 COUNT		VERESIDENCE BEFORE ADMISSION 136. CITY OR TOWN Bridgepo:		13d. INSIDE CITY LIMITS? YES X NO	Park Avenue	99999
13	14 FA	ATHER'S NAM		MIDDLE Potter	LAST		15 MOTHER'S MAID!	Augusta Schmit	LAST
5	160 V		DEVER IN U.S. ARA	AED FORCES?	166. SOCIAL SECURITY	NO.	17. INFORMANT	ADDRESS	
2	(10	yes	WW]	VAR OR DATES)	047-18-228	36	Mrs. Hel	len Disbrow,Meri	iden, Connsister
		Canditio gave r cause (a lying ca	IAMEDIAT Ins., if any, which use to immediate it stating the under- use last.	(b) DUE TO, OR	AS A CONSEQUENCE C	SC SF	. 4	archiovas cu	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7	ATION	19a DATE O	F OPERATION	LISE CONDI	FION FOR WHICH OPERA	ATION W	AS PERFORMED?		20 AUTOPSY?
1	IFIC.								YES NO T
3	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUT	ING CAUSE OF	EATH P.M	. MONTH DAY YEAR			O (ENTER NATURE OF INJURY IN ITEM 18 P.	
	MEDI	WHILE AT WORK	OCCURRED NOT WHILE AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION	CITY OR TOWN	COUNTY STATE
		22a 1 cert death result ACTUAL SIGNATURE	ted fram: Natur	e of the remains des	cribed abave, held an	Autap	y Inspection, Hamicide TITLE (SPECIFY)	Undetermined manner	DATE 3-26-85
1		EXAMINER'S	NAME C	ancis	co Reye	5	ADDRESS 900	V	umberland
	23a.BL (S	Buria	ATION, REMÓVAL 2:	16. DATE 03-29-198	23c. NAME OF CEA B5 Rocky Ga		Cemetery	Flintstone	Allegany MD
	24. FL	JNERAL DIRE	CTOR	li, Cumbe	erland, MD 2	21502	APR (REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE

EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 bage 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG VIO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEATH HAND MENTAL HYGENE, BATTIMORE, MARYLAND, 21201 PROR TO BURIAL, CREMATION, OR REMOVAL.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE.

(VR A15 ME (5))

Att Och 1888 John Burdison

STATE OF N DEPARTMENT OF HEALTH

ARYLAND L	(3)	()	1	5
AND MENTAL HYGIENE	U	1	3	0
E OE DEATH				

121122/6	FOR STAI REG	'E ISTRAR			DEPAR	TMENT OF H	E OF MARYLAND IEALTH AND MEN ICATE OF DEA	TAL HYG		9 /	6 6	
	1. DECEASE		DELBE	RT	TROY		AST FINBERGER		April 22		DAY YEAR	7:02 am
	3. SEX	ALE		4 RACE WHITE		5. DATE O	H DAY	YEAR	6 AGE (IN YEARS LAS	-	IF UNDER I YEAR	IF UNDER 24 HRS
the death Po	WEST 10 CITY OR	VIRGIN TOWN OF DE	NIA	UNITED	STATES HOSPITAL, NURS CH FACILITY, GIVE STRE	MARRIE WIDOWE	OR OTHER INSTITU	RCED [9 BALTIMORE CIT	ALLEG	ANY . 126 KIND C	MD F BUSINESS OR
AND 21201			RSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFO 136 CITY OR TO LITTLE	DRE ADMISSION)	113d. INSIDE CITY	LIMITS?	RETIRED 13e STREET ADDRES RT. 1 BC	SS / ZIP CODE		21766
completely ond 2 and 2 a		IJAH		MED FORCES?	PUFFINBE	RGER	15 MOTHER'S MA	T	MIDDL	DRESS	BEN	
TIMORE on ond on poses:	LYES NO	OR UNKNOWN)		E WAR OR DATES)	218-34-			S. PU	FFINBERGE		AME AS	13
that the death certification of the ofference corbangation of cremation, or remove corbangation or remover another traumatic events	Con gov cous	ditions, if on e rise to in le (0), stat erlying cous	IMMEDIAT y, which nmediate ing the	DUE TO, C	RAYAGONSEO PRACONSEO PRECONSEO	tu	Faelu Thr Ieros		dosis		5	days
IAN. The low requires physicion. Inficote has been signed inficote has been signed introsti permit. Then plot Hygiene prior to burn at 18 shows any injury, o	CERTIFICATION 130° D	ATE OF OPER	ATION NDERLYING CAUSE OF DEA	196 COND	DE INJURY M. MONTH	CH OPERATIO	N WAS PERFORMI	ED	206 AUTOPSY? YES NO.	20b IF YES	S, WERE FINDING CAUSES	NGS USED
DIVISION OF VIT RATTENDING PHYSICIAN: hospital or attending physic IRECTOR. After this certificat hed for use as the burrol-tran rept. of Health and Mental Hyg them 21 is marked or Item 18 is	21d H WHIL AT WO 220.1	certify that	RRED WHILE ORK ORK I) this hospit	21e PLACE (A1 HOME S1	.M. OF INJURY REET, FACTORY OFFICE the deceosed from 19	85	DEGREE		, todeath accurred on th	e date and hou	county	
TO HOSPITAL Oretoined by the TO FUNERAL D should be detoo with the Stote D IMPORTANT. If	D	HYSICIAN'S N T. Stas	sko		Lusk	NAME OF C	220 ADDRESS Cumbe:	924 rland	Seton Driv	ve	4".	73-17

BP.

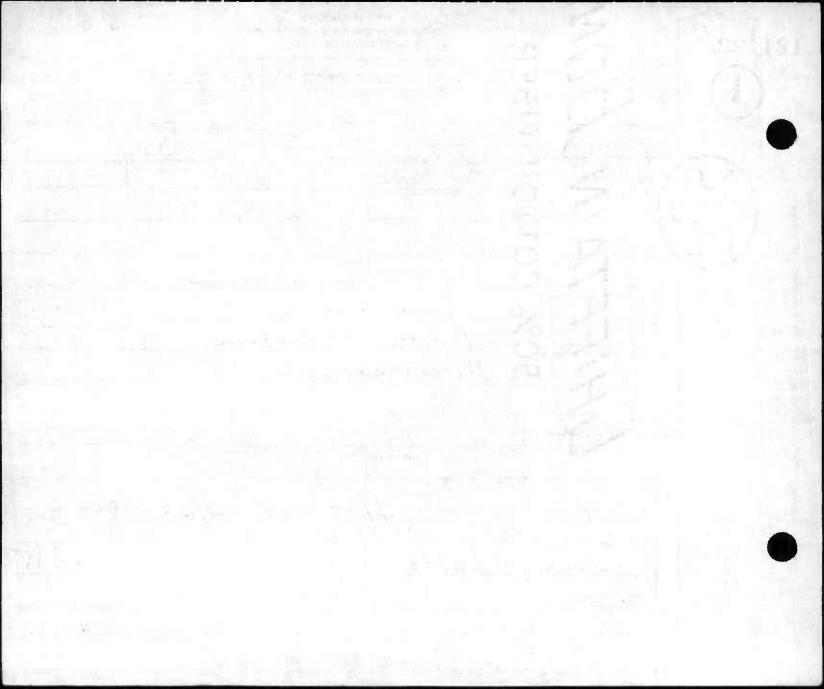
DHMH - 16 60M 7/B4 (VRA 15, 4)

BURIAL 04/24/1985 24 EUNE AL DIRECTOR

PINEY PLAINS U.M.

HAKEK MED

LITTLE ORLEANS, ALLEGANY, MD.



requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the baspital or attending physician.

	DOTRILOW FURNISHED AND ADDRESS OF THE PARTY	STATE OF MARYLAND
	FOR RUTRUCK FUNERAL HOME	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
109065	1 - STATE REGISTRAR 85 S.MAIN ST. KEYS	ER, WA CERTIFICATE OF DEATH

0	9	1	6	1
-			-	

		CEASED NAME	FIRST		MIDDLE	l	IAST	2a. DATE OF	DEATH	MONTH	DAY YEA	2b H	IOUR
	(TYPE	ORPRINT	DELM	AR	HOWARD	R	ANDELL	APRII	5,19	985		3:	20 A
	3 SE	X		4 RACE	7	5. DATE C	OF BIRTH	6 AGE (INY			IF UNDER 1 Y		VDER 24 HR
) .	1	Male		Whi	te	Apri		77		YRS	MONTHS DA	HOU	RS MI
3		RTHPLACE (STATE OR COUNTRY) W. Va.	FOREIGN	76 CITIZEN O	F WHAT COUNTRY	? 8 MARRIE WIDOWE	NEVER MARRIED	9 BALTIMO	RE CITY OF	_		1	,
notified	100	Cumberla:			FHOSPITAL, NURSI		DR OTHER INSTITUTION PITAL	TYPE OF WOR	OCCUPATION FOR MOST OF	WORKING LI	FEI INDUST	D OF BUS	
35	13a S	AL RESIDENCE (IF NUR STATE W. Va.	13 NO NE OR 13 NO OUN Mine	YTY	134. CITY OR TON Keyse	WN	13d INSIDE CITY LIMIT		ADDRESS /	ZIP CODE	1/26	7726	969
A Di	#4 FA	Henry		MIDDLE	Randell		15. MOTHER'S MAIDEN Alice	VNAME	WIDDLE	Abe	rnath	i y	
medical 3		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)			Evelyn R	andell	Box		Keys		726 W.
er frou		Conditions, if any gave rise to im cause (a), statu	mediote	(b)_	OR AS A CONSEQU	nass	Lastic Ac	Lewold	rcuro	ma	4	Mo	in III
ny injury, ar ather trau	ATION	gove rise to im couse (a), stati underlying couse	mediate ng the last.	DUE TO, (c)CONDITIONS	OR AS A CONSEOL	DEATH BUT	NOT RELATED TO THE 1		e or cone	DITION GIV			ISED.
Mys any injury, ar other trau	TIFICATION	gove rise to im couse (a), stati underlying couse	mediate ng the last.	DUE TO, (c)CONDITIONS	OR AS A CONSEOL	DEATH BUT		TERMINAL DISEAS	e or cone	20b IF YES	VEN IN PAR	DINGS U	JSED EATH?
rked ar Hem 18 shars any injury, ar ather trau	MEDICAL CERTIFICATION	gove rise to im couse (a), stati underlying coust part 2 OTHER SIG	mediate ng the lost. NIFICANT C TION DERLYING C CAUSE OF DEA KALEXAMINER RED	DUE TO, (c)	OR AS A CONSEOL	DEATH BUT H OPERATIO		TERMINAL DISEAS 200 AUTO YES	e or cone dpsy? no X	20b IF YE' IN CERTIII YE	S, WERE FIN FYING CAU	IDINGS L SES OF D NC	EATH?
IMPORTANT: If them 21 is marked at Item 18 shows any injury, at other trac		gove rise to im couse (a), stati underlying couse (b), stati underlying couse (b). PART 2 OTHER SIG	mediate ng the lost lost lost lost lost lost lost lost	DUE TO. (c)	OR AS A CONSECUTION FOR WHICE OF INJURY A.M. MONTH IN P.M. E OF INJURY STREET, FACTORY OFFICE	DAY YEAR 19 FARM ETC.)	216 HOW INJURY OC 211 LOCATION STREET DEGREE ATTENDIN	TERMINAL DISEAS 200 AUTC YES COURRED (ENTER NA 10	DPSY? NO X CITY OR TOV	206 IF YES	S, WERE FIN FYING CAU ES	NDINGS USES OF D	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

ALLEN ROTRUCK

24 FUNERAL DIRECTOR

KEYSER, W.VA.

A RODATE RECUES REGISTRANT HE STREET HERE

ENCEDING BUREAU TO THE MENT OF THE STATE OF THE

250003

DIRECT STORE PARTIES APPLIES

MILEONI COUNTY

Jamber Tend SACED MEANT HOSPITAL MEANTVECO COPD. Puper manuf.

coupy is classell withe is subtractly 25725

. W. W. Clauses ele xou. Listina nativa sass 30 orse .

NAME SPINGLE, N. T. A. STEIN CHITCH CHITCHES AND STEELS OF STREET AND STREET

and the second of the second s

107002 and completely TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ATTENDING PHYSICIAN: The low requires that the death certificate be executed

injury, or other troumotic event.

IMPORTANT: If Hem 21 is morked or Hem 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL TYG	REG. N	0.	0 0	
	CEASED NAME	FIRST	٨	HIDDLE	ī	ASI	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
1		HIRLEY		Α.	REX	RODE		il 4,		10:30am
3 SE	X	- 6	RACE		5. DATE C		6 AGE (IN YEARS LAST BI	NHDAY)	MONTHS DAYS	HOURS MIN.
1	Female		Whit	е	Dec		49	YRS.		
	RTHPLACE (STATE OR COUNTRY) Vest Virgi		CITIZEN OF V	WHAT COUNTRY?	MARRIE WIDOWE	DE NEVER MARRIED DIVORCED	P BALTIMORE CITY O	_	Y OF DEATH	MD.
	ity or town of de. Cumberland	ATH 11	(IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET Orial		DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewife		LIFE) INDUSTRY	wn Home
130. 3	AL RESIDENCE (# NUR. STATE Va.	SING HOME OF OTHER		GIVE RESIDENCE BEFORE 13c CITY OR TOW Ridgele	N	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS Route 2			9999
4 F/	ATHER'S NAME FIRST Chai		DLE	ggart		15 MOTHER'S MAIDEN NAME FIRST Mary A	ME lice Morela	nd	JAS	л
	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	IRITY NO	17 INFORMANT	ADDR	ESS		
,	no	111 163 0116 11	AN ON ONIES	236-54-8	3986	Mr. Junior H	R. Rexrode,	Ridg	eley.W.V	la Husban
NOI	Conditions, if ony gave rise to imm cause (a), stotiunderlying cause	mediate ng the e last	(c)_	R AS A CONSEQUE		NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION G	IVEN IN PART III	0
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES YES []	NGS USED OF DEATH?
CAL CER	210, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEATH	21b TIME O HOUR A.I	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART OR PART 2)	
MEDICAL	21d INJURY OCCUR	HILE [21e PLACE (OF INJURY EET FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
	sow the decease obove, (1) (wp.)-(27b. SIGNAT	sed alive on		19		, 19 nd that in (my) (our) opinion of DEGREE ATTENDING	/MEDICAL STA	FF		that (It (we) last couses stated
	22d. PHYSICIAN'S N		M.D.				orial Hospiterland. MD			ding
23a. I	BURIAL, CREMATION,		236. DATE 4-8-1	_		EMETERY OR CREMATORY Ashby Cemetery	23d LOCATION		W. Va.	STATE
		es F. S	carpel	li Cumberl	-				EVIDSON R	URE TYPIARE

DHMH - 16 60M 7/B4 (VRA 15, 4)

retained by the hospital or attending physician.

Circle Control Control

validade - 1 por

hentered and female

madmut.sv., vofnahi .eboskes . vofnut.vi.

Visit Wall Butter

The on caning of Ferran

30		REGISTRAR COMPONING CEASED NAME FIRST OR PRINTI	AND, MD.	IDDLE	LA	CATE OF DEAT		REG. N		DAY YEAR	26 HOUR
00		DANTI	er.	F.	RICEV	VICK, SR.	,	APRIL 6.	1985		03:36A
	3. SE	(4. RACE	,	5. DATE O	FBIRTH	6 .	AGE LIN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS
1		Male	Whi	te	May	7 19, 19	12	72	YRS		
26	(RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF V		? 8. MARRIED WIDOWEL	NEVER MARR	RIED -	ALLEGA!			MD
to		TY OR TOWN OF DEATH Cumberland	(IF NOT IN SUCH	OSPITAL, NURS FACILITY, GIVE STREE CRED HE	T ADDRESS)	ROTHER INSTITUT		USUAL OCCUPAT VPE OF WORK FOR MOST Retire	OF WORKING LIF	E) INDUSTRY	enter
36	13a S	AL RESIDENCE HE NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION O	Corrig	RE ADMISSION)	13d. INSIDE CITY L	IMITS?	street address General	ZIP CODE Deli	very/2	21524
010	14 FA	THER'S NAME FIRST Hurley S	MIDDLE	cewick		15 MOTHER'S MA Hett:	IDEN NAME	WIDDLE		erman	š1
/medicol		VAS DECEASED EVER IN U.S. A res, no or unknown) (IF yes G	RMED FORCES?	215-10		17 INFORMANT Virgin	nia M	ADDR CKenzie		ersbur	g, PA
mosol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per l ED BY (TE C AUSE (a)	_ //	ondic	y Ern	boli	7		BETWEEN	IMATE INTERVAL ONSET AND DEATH
y, or other troumo		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(c)	AS A CONSECUTION AS A CONSECUTION OF A C	sle (Sol Ma	ligo Chiga THE TERMINA	o SIS	NDITION GIV	EN IN PART 1	0
one prior to	CERTIFICATION	MCCratur 190 DATE OF OPERATION	Califu 196 CONDIT	ION FOR WHIC	H OPERATION	WAS PERFORME		200 AUTOPSY?		, WERE FIND IT	
Mentol Hygien	_	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.A	A. MONTH	DAY YEAR	21c. HOW INJURY	Y OCCURRED	(ENTER NATURE OF IN)			
ofth and M marked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY ET FACTORY OFFICE	FARM ETC)	211 LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
ept of Heoli item 21 is mo		27a I certify that (I) (this hosp sow the deceased alive o above, (I) (we) (did) (did n 27b. SIGNATURE			07	d that in (my) (our)	opinion deo	th occurred on the c	date and hou	0	
ortant H		22d. PHYSICIAN'S NAME TYPE	OR PRINT)	, pr)	PHYS 22e ADDRESS	SICIAN A D	AEDICAL STA	CIAN	14/6	185
with the	23n P	DR. WALLY URIAL, CREMATION, REMOVA	S. HIJAB		NAME OF CE	909-A		DR., CUME	BERLANI), MD.	21502
	130.0	Burial	Apr 9			Lawn Mei	m.	LaVale		0	STATE .
	24	INERAL DIRECTOR						C'D. BY REGISTRAL	alast no -		

051701 STREET ART AND AND AREA OF THE STREET A CHARLES AND LOCAL PROPERTY reduced a passent that the property of the pro THE PIGLOY DESCRIPTION OF THE OWN PROPERTY. THE PARTY OF THE P County of the state of the stat

9021		BOALS FOR 111CH STATE REGISTRAR WES	URCH S	TREET		MENT OF H	E OF MARYLAND EALTH AND MENTAL HYD ICATE OF DEATH	REG. NO		7 ()
death death		CEASED NAME OR PRINT)	FIRST A	M	ARIE		ICHIE	APRIL 30,	1985	AY YEAR	3:40A
rs ofter d	3 SE	emale	1	White		S. DATE C		6 AGE (IN YEARS LAST BIRT		FUNDER TYEAR	IF UNDER 74 HR
in 72 hou	1	RTHPLACE (STATE OR COUNTRY) ryland	FOREIGN 7	U.S.A	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O ALLEGANY	R COUNTY		٨
by the fulled with	Cu	mberland		(IF NOT IN SUC	CRED HEAR	T HOS	PITAL	120 USUAL OCCUPATION OF MOST O		12h KIND O	F BUSINESS C
NE	130	AL RESIDENCE (IF NUR STATE ryland	136 COUNT	ſΥ	GIVE RESIDENCE BEFOR 13c CITY OR TOW Lonacon:	/N	134 INSIDE CITY LIMITS? YES NO [13: STREET ADDRESS / West Main		21539	
100	-	ATHER'S NAME FRST	M	Steinl	ey		15 MOTHER'S MAIDEN NA FIRST Anna	MIDDLE	eidler	LAS	1
Poges medical		VAS DECEASED EVER		NED FORCES? WAR OR DATES)	214-07-		Mr. James R.	ADDRE C		own Md	•
g physicio conpapers removol.		18 CAUSE OF DEAT PART I, DEATH W	AS CAUSED	one couse per BY: CAUSE (a)			negative 1	neuman/a	1,		MATE INTERVAL DINSET AND DEATH
by the attendir ase remove carl al, cremation, or other traumation		Conditions, if any gave rise to im- couse (a), statu- underlying couse	mediote ng the	(b)_	R AS A CONSEOU	brov	asculo accio	lest		41	nonths.
Then ple or to burio	NOIL	Athera	sclore	tic con	ronury a	1/1041	NOT RELATED TO THE TERM	in consept	ive he	Afai	lunc
e has be	CERTIFICATION	19a. DATE OF OPERA				OPERATIO	WAS PERFORMED	YES NO	IN CERTIFY YES		
riol-trons entol Hygiem 18 s		?10. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MEDI	CAUSE OF DEAT		DE INJURY M. MONTH D M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IY IN ITEM 18 PAI	RT - OR PART 2)	
frer this os the bud M h ond M orked or	MEDICAL	216 INJURY OCCUR WHILE NOT WE AT WORK AT WG	HILE D		REET, FACTORY OFFICE		214 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
CTOR. A for use of Health		22a L certify that 11	ad alive on	Aur	1/29 10	# 1 , or	nd that in (my) our) opinion		30 1	9_85 and from the	tho (1) we) lo causes stated
AL DIRECTOR OF Dept 17: If them		276 S1G1 ATTHE	2	Och	hu			MEDICAL STAF	F IAN	22c DATE	SIGNED
TO FUNER should be a with the Sta		DR. T		DEVLIN	, M.D.		55 JACKSON	ST., LONACO	VING,		
E 5 € 3 ₹	23a 8	BURIAL, CREMATION,	REMOVAL	23b DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			

DHMH - 16 60M 7/84

(VRA 15, 4)

Burial

Boals Funeral Service

24 FUNERAL DIRECTOR

21562 Westernport, Md.

Frostburg Mem. Park Frostburg Allegany Md.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

A STATE OF THE PERSON NAMED IN THE PERSON NAME

150031

THE THEORY CONTROL AND THE STATE OF THE STAT

oldennot product the second product of the s

Catter of charge a minorana series had no

the state of the s

97.1

DR. THOUSE INVANT, N.D. SE CRESCH ST., LOWOUTSVE, NO. 21535-

THE THE PARTY OF THE LAST WEST LOSS OF THE PARTY OF THE STREET

No. le vonici dervice purbicaport, in. 21562 MAN a contra

214-07-2035 Let , Lave L. Mito-Le Orthogenson Light,

The same of the sa

407320	1.	FOR GEOR STATE 292 REGISTRAR CUME	GREEN GREEN BERLAN	PCHURCH NE STREET ND, MD	FUNERAL TO 21502	NENT OF I	E OF MARYLAND LEALTH AND MENTAL LICATE OF DEATH	L HYGIENE	5 0	9 1	7	1
TOLIVO		CEASED NAME	FIRST		MIDDLE		AST	20	DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
y be		FERN	1	E	J. L.		RITCHIE		APRIL 12			9:50A M
	3 SE	(1	RACE		S. DATE (GE (IN YEARS LAST B		UNDER I YEAR	IF UNDER 24 HRS
B 18		emale		White		Sep			73	YRS.		
eogh.		RTHPLACE (STATE OR FO	DREIGN 1	U.S.A.	WHAT COUNTRY?	8 MARRIE WIDOWI	D NEVER MARRIED		ALLEGAN	OR COUNTY O		MD.
s after o		ty or town of deal	TH	(IF NOT IN SUC	HOSPITAL, NURSING HEACTLITY GIVE STREET HEART	ADDRESS)	TAL	ITY	USUAL OCCUPAT PE OF WORK FOR MOST Clanese	OF WORKING LIFE!	INDUSTRY	of Business or hKitchen
24 hours	USU,	AL RESIDENCE (IF NURSIN	13b COUNTALLE	OTHER INSTITUTION		E ADMISSION)	136 INSIDE CITY LIMIT	TS? 13e.	STREET ADDRESS 26 Fayet	/ ZIP CODE	ot / '	21502
d within spletchy towards		THER'S NAME FIRST		HIDDLE	Knotts	27500	15 MOTHER'S MAIDE	NNAME	MIDDIE	LE SULE	LAS	51
cote	léa V	Harvey AS DECEASED EVER I	NUS. ARA	AED FORCES?	16b SOCIAL SECL	IRITY NO.	Berth 17 INFORMANT	<i>ια</i>	ADDF	RESS D ()	Box 4	vers
Poge media	(ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	214-07-	4247	Leon R. Kr	natti				Md. 21557
requires that the death cer en signed by the attending Then please remove carbo in to burial, cremation, ar re injury, ar ather traumatic e	ION	Conditions, if ony, gove rise to imm couse (a), stating underlying cause	which ediate 3 the last	DUE TO, OI	r as a consequ	ENCE OF	NOT RELATED TO THE		DISEASE OR COM	Y 1	N IN PART 1:	0
The law cian. e has bee his permit sit permit grene price hows any	CERTIFICATION	190 DATE OF OPERAT				OPERATIO	N WAS PERFORMED	Y	ES NO X	IN CERTIFYI YES		NGS USED OF DEATH?
SKCIAN: ng physic certificat rial-trans ental Hyg frem 18 s		210. ACCIDENT WAS UNDER OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC)	AUSE OF DEAT	HOUR A.	M. MONTH D.	AY YEAR	21c. HOW INJURY OC	CCURRED	ENTER NATURE OF INJ	URY IN ITEM IS PAR	TIORPART?}	
offendar frer this as the bu	MEDICAL	216 INJURY OCCURRE	E 🗇	21e PLACE	OF INJURY BET FACTORY, OFFICE, E	ARM ETC)	211 LOCATION STREET		CITY OR TI	NWC	COUNTY	STATE
AL OK ATTENDII the haspital or AL DIRECTOR A setached for use to Dept. of Heal T: If Hem 21 is mo		22a certify that (1) (saw the decease abave, (1) (world) 22b. SIGNAT	d alive an_	4-12			DEGREE ATTENDIN PHYSICIA	NG _ M	to 4-10 occurred on the control EDICAL STA	AFF		I
TO HOSPITAL TO FUNERAL Should be determined by the Manual Amportant: It		22d PHYSICIAN'S NA/	ZAMAN,	M.D.			22e ADDRESS MEMORIAL	MEDI	SAL BLDG		RLAND,	MD 21502
BP	1	URIAL, CREMATION, R Surial		23b. DATE 4-13-8	5 Re	stlaw	emetery or cremate n Meml. Gar	rdens	de LOCATION CITY OR TOWN LaVale-A	llegani	County	ty-Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	ineral director Ge 202 Greene	orge- Stree	Upchuro t-Cumbe	ch Funera erland, M	L Hom d. 2	1 = 0.0	DATE REC	1005		AR'S SIGNAT	URE

WILECUM COUNTY

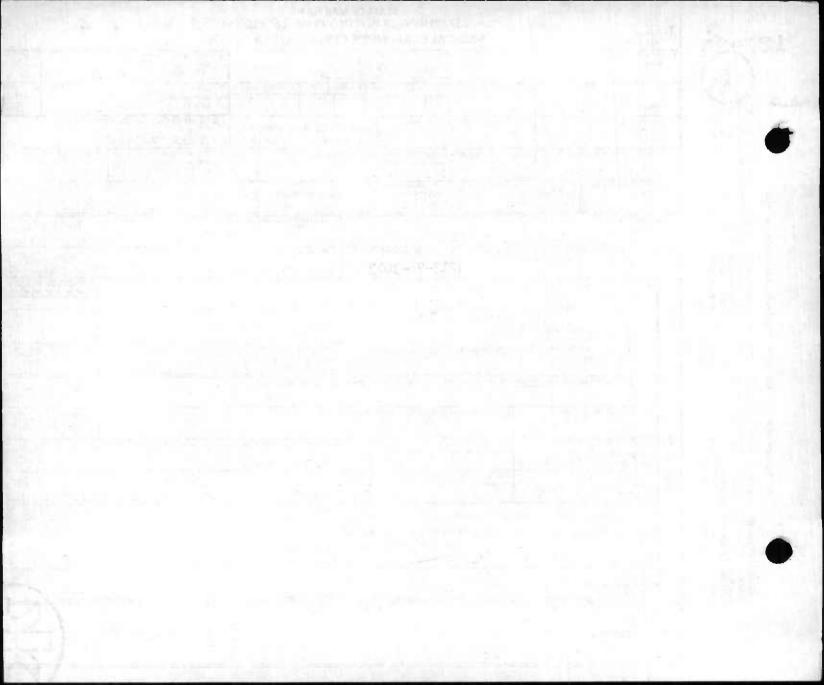
SVERED HEVEL ACETERS

James F. Scarpelli, Cumberland, MD 21502

DHMH - 17

(VR A15 ME (5)) 20M 4/82 STATE OF MARYLAND

na Davidson- han



FOR STATE

_	
2	
0	
¥.	
S	
₹.	
€.	
~	
=	
2	
2	
-	
w	
OK.	
O	
Œ	
=	
-	
00	
-	
J	
-	
Z	
0	
per-	
S	
ш.	
OK.	
-	
×	
3	
_	
0	
CI	
∞.	
8	
E	
Q	
Ų	
8	
100	
-	
-	
-	
>	
44.	
\overline{a}	
~	
z	
0	
-	
=	
Š	
Ž	
N N	
N Q	
DIVID	
DIVIS	
DIVID	
DIAIG	
DIVID	4
DIVID	1

LTENDING PHYSICIAN: The law requires that the death certificate

TO HOSPITAL OR ATTE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	0	1	7	4
	1	3	4	O

REGISTRAR				TOTAL OF PERIOD	REG. NO.		
DECEASED NAME	FIRST	MIDDLE		LAST		RABY YEAR	2b. HOUR
,	Carm	ela	Sacco		4/30/85		4;00a _m
SEX		4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHD		
Female		Whit	e nont	1/01/94 YEAR	690	YRS MONTHS DAYS	HOURS MIN
BIRTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	ED NEVER MARRIED	BALTIMORE CITY OR		
ITALY		11.5.	WIDOW		Alleg.		MD
CITY OR TOWN	F DEATH		PITAL, NURSING HOME	OR OTHER INSTITUTION	12R USUAL OCCUPATION		OF BUSINESS OR
Frostburg			Community	Hospital	(IIII OF WORK FOR MOST OF I	ORANG (PE)	
	IF NURSING HOME O	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION		13s. STREET ADDRESS	2	1632
Maryland			rostburg	YES NO		oh ST, Fro	stburg
FATHER'S NAME		MIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME		AST
GIUS	EPPE	moste	BAFARO	ROSA	Moote	VELT	
WAS DECEASED		RMED FORCES? 166	SOCIAL SECURITY NO.	17 INFORMANT	ROCKY	ILLE, MD	
NO	N	. A .	213 09 6516	MR. FRED SA	CCO.717 CA	RTER ROAL)
		only ane couse per line	for (a), (b), and (c).(,		APPRO ABWISE	NIMATE INTERVAL
PART I. DE	ATH WAS CAUS	ATE CAUSE (0)	relative	Heart Face	ech		
		DUE TO OR AS	ACONSEQUENCE OF				
Conditions, i	ony, which	(b) as	Korus cler	ter HEART I	resease		
gove rise to	stating the	DUE TO OBAS	A CONSEQUENCE OF		h		
underlying	couse lost.	DOE TO, OR AS	A CONSEQUENCE OF				
PART 2 OTHE	RSIGNIFICANT	CONDITIONS CONTR	BUTING TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	TION GIVEN IN PART 1	(0)
P Uln 190 DATE OF C	MARY	Metastasis	CHRONIC	RENAL FAI	LURE, ANER	LIA PEPTIE	ULCER DI
190 DATE OF C	PERATION /	1% CONDITION	FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND	INGS USED
					YES NO	YES [NO [
210 ACCIDENT	AS UNDERLYING	110110 4 44			RED (ENTER NATURE OF INJURY)	N ITEM 18, PART 1 OR PART 2)	
OR CONTRIBUTION	G 🔲 CAUSE OF DI Y MEDICAL EXAMINEI	EAIH	19				
OR CONTRIBUTION (IF EITHER, NOTIF		21e PLACE OF IN	NJURY ACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
AT WORK	NOT WHILE	(Al Home, Sineel, F.	ACTORY, OFFICE, FARM, ETC.)				311110
	not (1) (this has	oital) attended the de		14 14 19 85	to APRIL	30 19 8.5	, that (I) (we) lost
saw the d	leceosed olive o	n APRIL Cont view the body ofter	19 8 . o	ind that in (my) (our) opinion	death occurred on the date	ond hour and from the	e couses stated
226 SIGNATU		^ 1	dediii.	DEGREE		22c. DAT	ESIGNED
	8.(Olama	M:	O. ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIA	ND 4/	30/85
224 PHYSICIAI	N'S NAME (TYPE	OR PRINT)		22e ADDRESS			
Dr.	S. Char	ng		Fro	stburg, MD		
BURIAL, CREMA	TION, REMOVA	L 23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		
BURIAL		15/2/85	am a	ICHAEL CEM.	FROSTBUE	ALLEG	ANY MD
FUNERAL DIRECT	B. VI.	LOURIS	60 MA		E REC'D. BY REGISTRAR 25	REGISTRAR'S SIGNA	TURE
Sowers	Funer	al Home	Frostburg	MAY	OR MOR	. K.i 70.	2.00
				171731	THE RESERVE CARD	CAR AND ADDRESS OF A LABOR TOWN	CONTRACTOR OF THE PARTY OF THE

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

TET TO ROSA ROSE TO SEED SECURITY TO SORTE TO SO

Kight V

etoined by the hospital or otherding physiciar

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9/74

(TYPE	CEASED NAME FIRST SARA	MIDDLE E	SCALI	CTTA	April 9, 198		26 HOUR
1 SEX		4. RACE white	S. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY		IF UNDER 2
				24, 1924	61	YRS	
	IRTHPLACE (STATE OF FOREIGN PA	76. CITIZEN OF WHAT CO	MARRIEI WIDOWE	NEVER MARRIED DIVORCED DI	Allegan		
10 CI	Cumberland	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, Memorial		PROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWIFE		Home
USU/ 13a S	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESID	y or town	13d INSIDE CITY LIMITS?	725 Shawn	ee Ave.	2150
14 FA	George	Francis	LAST Smith	IS MOTHER'S MAIDEN NAME Sarah			ersor
16a V	WAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	CIAL SECURITY NO.	Robert J.	Scaletta	Cumberla	
	Conditions, if any, which	(b) NO	vanced	Metastoni	2 znolomets	ine	
	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO	onsequence of	Meta Stovn	CARCINOM INAL DISEASE OR CONDITION	A DN GIVEN IN PART 1:	a
ICATION	gave rise to immediate cause (a), stating the	(c)T CONDITIONS CONTRIBU	onsequence of		20a AUTOPSY? 20h	IF YES, WERE FIND!	NGS USED
AL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 198. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	T CONDITIONS CONTRIBU 19b CONDITION FO 21b TIME OF INJURY HOUR A.M. MO	ONSEQUENCE OF ITING TO DEATH BUT OR WHICH OPERATION Y ONTH DAY YEAR	N WAS PERFORMED	20a AUTOPSY? 20h	IF YES, WERE FINDI CERTIFYING CAUSES YES []	NGS USED
MEDICAL CERTIFICATION	gave rise to immediate cause (o), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBU 19b CONDITION FO 21b TIME OF INJURY HOUR A.M. MO	ONSEQUENCE OF ITING TO DEATH BUT OR WHICH OPERATION Y ONTH DAY YEAR 19	N WAS PERFORMED	20a AUTOPSY? 20b IN	IF YES, WERE FINDI CERTIFYING CAUSES YES []	NGS USED S OF DEATH
	gove rise to immediate cause (o), stating the underlying cause last underlying cause last underlying cause last last last last last last last last	T CONDITIONS CONTRIBU 19b. CONDITION FO 10c. PLACE OF INJURY 11c. PLACE OF INJURY 1	ONSEQUENCE OF ITING TO DEATH BUT OR WHICH OPERATION Y NTH DAY YEAR 19 RY RY RY OFFICE FARM, ETC.) Led from 19 J. On the control of the control o	21c HOW INJURY OCCURS 21l LOCATION STREET 19 ad that in (my) (our) opinion in	20a AUTOPSY? 20b IN YES NO TO THE PROPERTY OF TOWN CITY OR TOWN	O IF YES, WERE FIND INCERTIFYING CAUSES YES [] ITEM 18 PART OR PART 2) COUNTY 19	NGS USED S OF DEATH NO str
	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE	T CONDITIONS CONTRIBU 19b CONDITION FO 21b TIME OF INJURY HOUR A.M. MO P.M. 21e. PLACE OF INJUR 1AT HOME STREET, FACTO pital) attended the deceas	ONSEQUENCE OF ITING TO DEATH BUT OR WHICH OPERATION Y NTH DAY YEAR 19 RY RY RY OFFICE FARM, ETC.) Led from 19 J. On the control of the control o	211 LOCATION 211 LOCATION STREET 211 LOCATION STREET ATTENDING PHYSICIAN P	20a AUTOPSY? 20b IN YES NO TO THE PROPERTY OF TOWN CITY OR TOWN	O IF YES, WERE FIND INCERTIFYING CAUSES YES ITEM 18 PART : OR PART 2) COUNTY	NGS USED S OF DEATH NO that (I) (w couses stat

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. Thein please rathase with the State Dept. of Health and Mental Hygiene prior to burial, cremental

IMPORTANT, If Item 21 is

TO FUNERAL DIRECTOR After this certificate has been signed by the

TO HOSPITAL

BP.

24 FUNERAL DIRECTOR

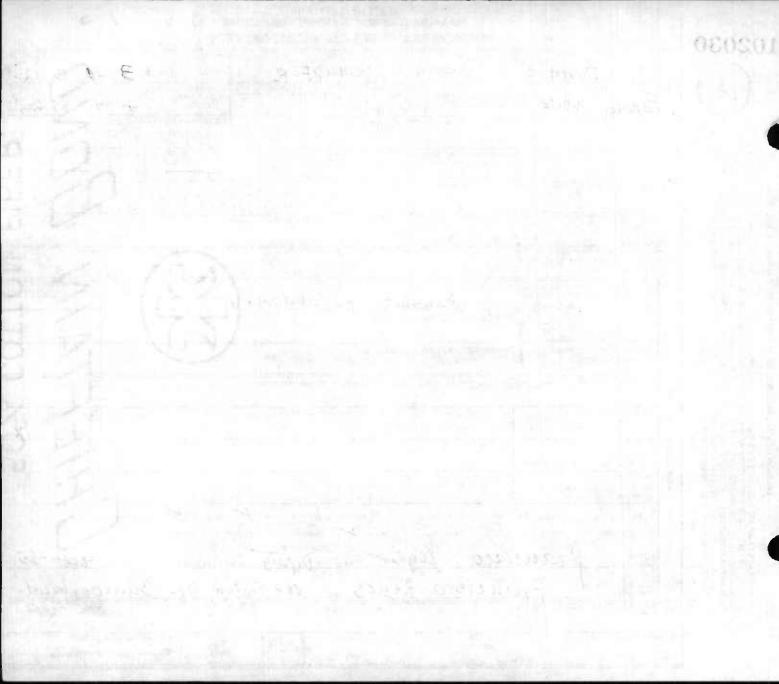
Jam Ber-Lanc

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

emals will service 1924 1924 Louiseville w. ont Menty emberdant x (72) Dance v. 21002 CLUE, C. 16791 B. C. 16791

. it. 17, 1855 . eter . it worked on 1 begreen in.

STATE OF MARYLAND



RWARDED TO THE PAGE 3 SHOULD BE LESTATE DEPARTMENT CONTROLLS STATE DEPARTMENT OF THE PAGE TO BUILD BUI FUNERAL DIRECTOR: TER DEATH, WITH THE S KIMORE, MARYLAND,

Notural causes death resulted from Suicide

STATE

GIOVANNI MASTRANGELO ,M.D. EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 23b DATE

22a I certify that I took charge of the remains described above, held on

23c. NAME OF CEMETERY OR CREMATORY Forest Glen Cemetery

Autopsy

26757

23d. LOCATION Greenspring Hampshire

900 SETON DRIVE, CUMBERLAND, Md. 21502

24 FUNERAL DIRECTOR Keith S. Shaffer Shaffer Funeral Home, Romney, WV

Burial

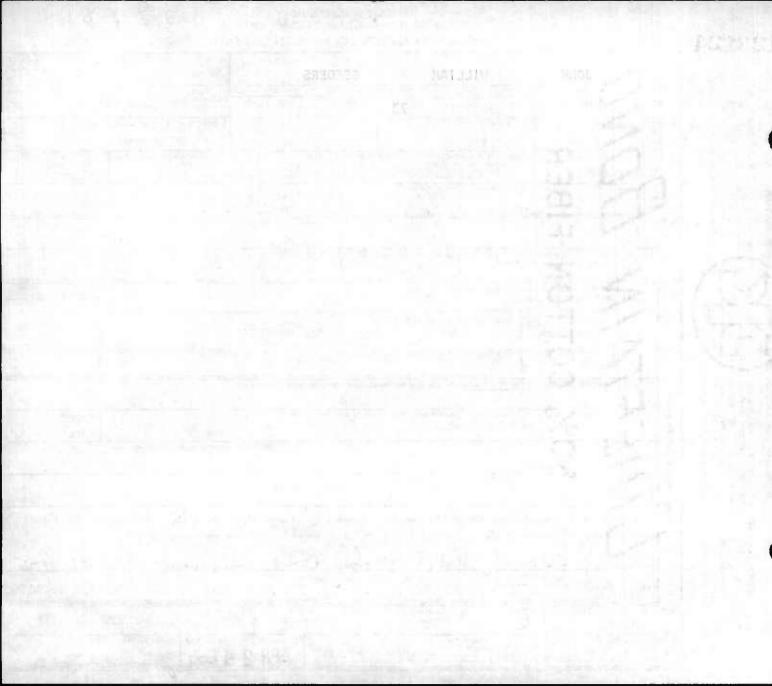
CITY OR TOWN

Inspection X

Hamicide _____, Undetermined manner

(VR A15 ME (5))

0



eo	2/5
10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deat etoined by the haspital or attending physicion.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and amplies that it is should be detached for use as the burial-transit permit. Then please remave carbon papers: Page: 1 and 2 missing limited with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.
ā	M
ours	5.1
4 4	32
2	25
with.	10
pa	8 8/
ecut	D &
e ×	000
, Q	ers.
CO	hysic
41414	g p
th c	corb
dep	offe ove fron
e P	e H
101	by 1 ose
Sa +	ple
100	sign hen o b
5	it. T
ó .	erm e pr
The	e ho
Nys.	ron
N P	iol-t
HYS	Ne A
G Pl	the and
N	Afte os
EN	He US
ATT	of to
e P	DIR
AL	AL
TO HOSPITAL OR ATTENDING PHYSICIAN. The la	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion is should be detached for use as the burial-transit permit. Then please remove carbon papers. Powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.
HO	F. P.
0 %	O sh

injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR				CERTI	FICATE OF DEATH	REC	S. NO.		
Ì	I DECEASED NAME	FIR51		MIDDLE		LAST	20 DATE OF DEAT		DAY YEAR	26 HOUR
I	(TITE OR PRINT)	BESSIE	M	IARIE	SHE	EWBRIDGE	April	10, 1	985	3:55 a M
Ī	3 SEX	4.	RACE		5. DATE	OF BIRTH TH DAY YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS BATS	IF UNDER 24 HRS
l	female		white	9		9-20-1897	87	YR:		MIN.
1	To. BIRTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRI	ED NEVER MARRIED	9 BALTIMORE CI	Y OR COUN	ITY OF DEATH	
1	MD		USA		WIDOW	/ED X DIVORCED	Allegan			MD.
1	Cumberland		(IF NOT IN SUC	H FACILITY, GIVE STREET . lemorial	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCU (TYPE OF WORK FOR M HOUSEWI	OST OF WORKING	GUFE) INDUSTRY	home
	ISUAL RESIDENCE (# P I30 STATE MD	136 COUNTY Alleg		GIVE RESIDENCE BEFORE 13t. CITY OR TOW Cumber	N	13d INSIDE CITY LIMITS?	136 STREET ADDRE	ss/zipco First	Street/	21502
1	FATHER'S NAME FIRST AMON	Wilson	DIE	LAST		15. MOTHER'S MAIDEN NAM	Middleton		LA	57
1	160 WAS DECEASED EN			166 SOCIAL SECU		17. INFORMANT		DDRESS		
	no			214-74-8	3232	Mrs. Eleanor	Coffman	- Cumb		
1	18 CAUSE OF DE	ATH Enter anly	ane cause per	ling for (al, (b), and	dic .	~ 1			BETWEEN	ONSET AND DEATH
ı	PART I. DE AT	IMMEDIATE (Klashi,	MEN	10 taily	A			
1		0.011501115		0		7	.1			
ı			DUE TO, O	R A CONSEQUE	NCE OF	Poster ctive	1000	2:rea		
1	Canditions, if a	iny, which	(b)	MANGE	U	toran au	- m	nyia	y	
ı	couse (a), st	oting the "	DUE TO, O	R AS A CONSEQUE	NCE OF		,			
ı	underlying ca	use last	(Ic)							
1		IGNIFICANT CON	NDITIONS CO	ONTRIBUTING TO D	DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR (CONDITION	GIVEN IN PART 1	a
	0									
1	S10" VCCIDENT MYS	RATION	196 COND	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		YES, WERE FINDI	
	RITE		134				YES NO		YES [NO 🗌
1	210. ACCIDENT WAS		216. TIME O	FINJURY M. MONTH DA	AY VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM	8 PART OR PART 2)	
	OR CONTRIBUTING		P.		19					
	OR CONTRIBUTING		21e PLACE	OF INJURY		211 LOCATION	C 179	OR TOWN	COUNTY	STATE
١	ANUITE NO	WHILE WORK	(AT HOME STE	EET FACTORY OFFICE F.	ARM ETC	SIREE	CHY			31016
1	220.1 certify that		attended th	e deceased from		April 19	_ to	4-10	1989	that (I) (we) last
ı		eased alive an e) (did) (did pat) v			34	and that in (my) (our) opinion	death accurred an t	he date and h	naur and fram the	
ı	224 ABMAATURE	e) (did) (did pat) v	new the body	after death		DEGREE			22c DATE	SIGNED
ı	1/ /	1 11-		//		ATTENDING		STAFF	at	10-6-
4	22d. PHYSICIAN'S	NAME TYPE OF BE	MAC I	/		1220 ADDRESS	DIRECTOR _ PH		17-	10-83
1	Dr. Barı		,			500	Memorial	Ave.,	Memorial	L Medical
4						Bldg		land.	MD 2150)2
ı	236 BURIAL, CREMATIC		236 DATE			CEMETERY OR CREMATORY	23d LOCATION	N	COUNTY	STATE
	Burial		04-12-	1985 Mt	. He	rman Cemetery	Cumber	rland	Allegan	y MD
1	24 FUNERAL DIRECTOR	?		ADDRESS.		250 DAT	E REC'D. BY REGIST	F 1. 1		Di Alexander
		Scarnel	li. Cu	mherland	MD	21502 APR 1	2 1985	Julia Da	PRODUCTIONS	Alle "

James F. Scarpelli, Cumberland, MD 21502

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

07/84 25M

DHMH - 17

(VR A15 ME (5))

122134

	STA	TE	OF	MA	RYL	AN	D
DEPARTMENT	OF	HE	ALT	HA	ND	ME	NU

7	- 5	STATE REGISTRAR		ME	DICALI	EXAMIN	ER'S	CERTIFIC	CATEC	F DEA	TH	REG	. NO.			
		EASED NAME OR PRINT)	WIL	LIAM PAT	RICK	SKEL	LEY,	JR.			OF	KNOWN ESTI- MATED	-	26	YEAR 19 85	26 HOUR
	Ma		Cau	DATE OF BIRTH	8 0	6. AGE IN YE.	ARS IF UN AY) MONT	DER 1 YR.	IF UNDER	MIN MIN	PRONOU DE AL	NCED	мС 4	26	YEAR 1985	1050
5	M	RTHPLACE (STATE REIGH COUNTRY) Aryland TY OR TOWN OF	40	U.S.A.			WIDOV		DIVORC	ED D		egan	У	OUNTY OF		MD.
5	C	umber1	and	I IF NOT IN SUCH FA	oy a 1	Apar	tme	nts		FOR	ostofwo Stude	RKING LIFE)		(ucati	
5	Ma	ryland	Alle	gany	Cun	berla	nd	T3d INSIDE C	NO 🗌	3			oyal	Ave.	/ 21	502
1	16a. W	THER'S NAME FIRST WILLIAM VAS DECEASED E	VER IN U.S. AR	MED FORCES? war or dates)	16b 500	LLEY,	Y NO.	R.		Etto	z M	ADDR	ESS 8	18 Mt	ulkne Roy land.	al Ave
		PART I DE AT	IMMEDIA of any, which	DUE TO, OR	for (a), (b) ardic AS A CON	94-646 0-pulm DISEQUENCE (C.S.)	non a	ryarr	est		ce ra	<u>uerm</u>	<u> </u>	3	yea	E INTERVAL 1 AND DEATH 1
		cause (a) sto lying cause	FICANT CONDITIONS	DUE TO, OR (c) A E	AS A CON gensi	ISEQUENCE (LS of	COT	pus c	callo	sum				5	yea	rs
7	THICATION	Oh ro		itis med		WHICH OPER			RMED?					20	AUTOPSY YES X	
3	MEDICAL CERT	21a EXTERNAL OUNDERLYING CONTRIBUTING	OR CAUSE OF		. MONTH	DAY YEAR	R	OW INJURY	OCCURRI	ED (ENTER	NATURE OF H	NJURY IN ITE	M 18 PART	OR PART 2)		
	ME		IOT WHILE	STREET, FAC	TORY, FARM, E	TC.)		STREET			CITY OR TO	OWN		COUNTY		STATE
7		226 I certily to death resulted a CTUAL SONATURE EXAMINER'S NA (TYPE OR PRINT)	P &	ge of the remains desprot causes x.	Accident	J. Su	vicide	TITLE (S	SPECIFY)	Under	ICAL EXA	MINER],	DATE 61GNED	i – 26 –	- 85
	I E	URIAL, CREMATIC PECIFY) BUTIAL	DN,REMOVAL	4-29-85	1	Porter	Ceme	or CREMATO		CITY	CREGISTR	t - AR [25b. F	Alle	county gany AR'S SIGN	- Md.	TATE
)				e-Upchurcl et-Cumber				1 . / (.	AP	R 3'(1985	3			70.0	00: 1

Toxic megacolun

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, is should be detached for use as the burnal-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked ar them 18 shows any injury, ar other traumairc event, the

121061

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

I	1 -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST OR PRINTS GERTRU	de	ESTELLA S	Temmer	20. DATE OF DEATH MONTH DAY #/22/	85 1210 AM
	3. SEX	FEMALE	4 RACE WHITE	S. DATE C		MON MON	UNDER 1 YEAR IF UNDER 24 HRS
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	DEATH
1		PENNA.	USA	WIDOWS	DIVORCED	ALLEGANY	MD
1	2	TY OR TOWN OF DEATH CUMBERLAND	Jumbs	HOSPITAL, NURSING HOME C THE FACILITY, GIVE STREET ADDRESS)	SING Home		12b. KIND OF BUSINESS OR INDUSTRY
	USUA 13a S	AL RESIDENCE (IF NURSING HOME OF TATE MARYLAND AT	VIY	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN CUMBERLAND	13d INSIDE CITY LIMITS?	130 STREET ADDRESS EVERGREEN TERRACE	21582
	14 FA	THER'S NAME HALLECK	MIDDLE	TEWELL	IS. MOTHER'S MAIDEN NA. CARRIE	MIDDLE	EPHART
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
	, ,	NO		214-05-6974	ROSEMARY EIRI	CH 39 MEMORIAL AVE	CUMBERLAND APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	conditions \underline{c}	R AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BUT	<u> </u>		IN PART ITO VERE FINDINGS USED NG CAUSES OF DEATH?
		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DAY YEAR M. 19		YES NO YES RED (ENTER NATURE OF INJURY IN ITEM IS PART	NO 1 OR PART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	Y/ir	STATE STATE
1		228 1 certify that (I) (this hasp saw the deceased alive ar	16/2	after deoth.		death accurred an the date and have a	that (I) (we) last nd from the causes stated
		THE SIGNATURE HE	lun	3 /	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	APR 23,1985
		234 PHYSICIAN'S NAME PYPE	B. HA	LMOS	SOZ S	chlegst. Cerm	beland
d	- (BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL		24 1985 center		CENTERVILLE BEDF	
	24 FL	UNERAL DIRECTOR SILCOX-MERR	ITT FUN	ERAL SERVICE C	I AF	PR 26 1985 Julia Da	R'S SIGNATURE

ADDRESS
SERVICE CUMBERLAND

DHMH - 16 50M 4/82 (VRA 15, 4)

SILCOX-MERRITT

BP

retained by the haspital or attending physician.

Control e Estelle Hope lane in assemble PARE 2 1.485 ANTENA LOCALINE DE LA COLLEGIO DE L'ACTUAL DE L'ACTUAL

III. CITY OR TOWN OF DEATH

Cumberland

Md.4 FATHER'S NAME

No

Charles

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

- 83	9	1	- 3	1
485			-	

FOR STATE REGISTRAR				NT OF HEALTH CERTIFICAT	AND	MENTALAYO	SIENE	REG. N	· ·	1
DECEASED NAME	FIRST			LAST			20 DATE OF D		MONTH	
	MYRTLI	E REBE	CCA	SLOTE			April	22,	1985	ō
SEX		4 RACE		S. DATE OF BIRT	Н		6. AGE INYEA	RS LAST BIR	THDAY)	
Female		White		April 8, 18		1897	88	3	YRS	5
BIRTHPLACE (STATE OF FOREIGN COUNTRY)		U.S.A.		MARRIED NEVER MARRIED		AAADDIED 🗍	9 BALTIMORI	CITY	R COUN	n
				WIDOWED DIVORCED			Allegany			

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Memorial Hospital

Cumber land

COUNTY OF DEATH

Allegany 12h KIND OF BUSINESS OR INDUSTRY Clerk DepartmentStore

IF UNDER I YEAR

White

USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 192 North Centre St. 21502

> Smith Matilda 166 SOCIAL SECURITY NO 17 INFORMANT

214-05-7550 Lelah L. Ray 192 N. Centre St. Cumb., Md.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse

ONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN BART To

19h CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20a AUTOPSY' IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 71d INJURY OCCURRED

AT HOME STREET, FACTORY OFFICE FARM ETC.)

Allegany

Η.

211 LOCATION

NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from e, and that in (my) (our) opinian death occurred an the date and hour and from the causes stated

DEGREE

PHYSICIAN'S NAME ITYPE OR ARINTY

Memorial Hospital

Cumberland, MD 21502

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Dr. Peter Halmos 230 BURIAL CREMATION, REMOVAL Burial

24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY April 24,1985 Hillcrest Burial Park

Md. Cumberland Allegany 250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

404 Decatur St. Silcox-Merritt Funeral Ser, Cumberland, Md

old be deta the Stote [

00

PRESTON ST., BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W.

DHMH - 16 60M 7/B4 (VRA 15, 4)

21 setting the set in the production of the it 1071-11-12

	o	10
	E	-
_	0	C S
	60	lire
	a.	9 5
	0	72
	P	2 4
	ě	0 3
_	0	+ p
20	2	£ .
5	ě	C 0
0	4	2 P
Z	2	101
>	4	2 s
× ×	3	000
Σ	ped	EOC
m,	3	2 5
ō	×	000
≥	e	E 0.
	0	ers -
0	0	Syc Ovo
H.	=	on o
7	ě	5 5
O	£	DO 0
ESI	de	orte Prof
<u>a</u>	9	HOL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	-	4
_	2	0 S
20	V2	ple
Ś	5	5 5 0
2	8	이는 다
8	3	rio ri
or or	0	er e
4	o o	4 0 0
=	SIC	ore
>	AN	4 + 1
0	2 6	and of
Z	Z C	M
5	P 0	5 e 5
≥	0 8	s t
0	0 0	o o
	Z -	He US
	TI	200
	A So	ed ed
	0 0	000
_	At	A L
	E Q	Sto
	Sopa	Z P P
	H	P E
	TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours offer death. Page 4 may retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral directions should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours in with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND STATE OF MARYLAND

0	9	1	8	1
0			- 4	

FOR STATE REGISTRAR		DEPARTM		EALTH AND A		IENE REG.	NO.			
1 DECEASED NAME FIR	IST	MIDDLE	L	AST		20 DATE OF DEATH		DAY	YEAR	2b. HOUR
(TYPE OR PRINT)	RRY EI	OGAR	SMI	TH			4	15	85	0930 M
3 SEX	I4 RACE	JUNIK	5. DATE O			6 AGE LINYEARS LAST			ERIYEAR	IF UNDER 24 HRS
MALE	WHITI		MONTH 3	5	9 9	76	YRS	MONTHS	DAYS	HOURS MIN.
JO BIRTHPLACE (STATE OR FOREKE COUNTRY) Maruland	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER A	AARRIED	9 BALTIMORE CITY ALLEG		ITY OF DI	EATH	MD
10 CITY OR TOWN OF DEATH CUMBERLAND	(IF NOT IN SUC	HOSPITAL, NURSING THE FACILITY, GIVE STREET A	DDRESS	R OTHER INST		120 USUAL OCCUPY (TYPE OF WORK FOR MOS Self-emplo	TOF WORKING	SLIFE) IN	DUSTRY	of Business OR
USUAL RESIDENCE (IF NURSING H 13a STATE 13b	OME OR OTHER INSTITUTION COUNTY ALLEGANY	GIVE RESIDENCE BEFORE 134 CITY OR TOWN CUMBERLA	V	136 INSIDE C	TY LIMITS?	13e STREET ADDRES	S / ZIP CC	DDE 2	1502	
14 FATHER'S NAME	MIDDLE	LAST			MAIDEN NAM	MIDDLE			LAS	
HATTY 160 WAS DECEASED EVER IN U		Smith 166 SOCIAL SECUR	RITY NO.	17 INFORMA	na NT	No.	RESS		Wills	hmeyer
(YES NO OR UNKNOWN) (IF	VES. GIVE WAR OR DATES)	578 03 9	9885	Pauline	SMith	-Address s	ame a	s #1	3 ab	ove.
18 CAUSE OF DEATH IE	nter only one couse per CAUSED BY AEDIATE CAUSE (o)			AR	REST			F	APPROXI BETWEEN (MATE INTERVAL ONSET AND DEATH
	ANT CONDITIONS CO	r as a conseque	NCE OF	NOT RELATED	TO THE TERM!	INAL DISEASE OR CO	lu	eg u	lise	NGS USED
OH THE OF	170. COND	INDIVIOR WITHOUT	OFERATIO	WASFERIO	KMED	YES NO	IN CER	YES _	CAUSES	OF DEATH?
00.000.000.000.00	OF DEATH HOUR A.		Y YEAR	21¢ HOW IN	JURY OCCURR	ED (ENTER NATURE OF IT	IJURY IN ITEM	IS PART OF	R PART 2)	
(IF EITHER NOTIFY MEDICAL E) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET FACTORY OFFICE FA	RM ETC)	21f LOCATIO	N	CITY OR	TOWN	cc	YIMUC	STATE
22a Certify that (I) (this sow the deceased of above, (I) (we) (did) ((our) opinion o	to Y-18	date and h		from the	
274 SIGNATORE	ofte	le		1001		DIRECTOR PHY		2	4-1	SIGNED 5
Dr. Tor				220 ADDRES	Medic	al Buildir	0		27.1	01500
230 BURIAL, CREMATION, REM		23c N	AME OF C	LMemori EMETERY OR C		pital Cu	mberl	and,	Md.	21502 STATE
Burial	4-18-8			t Burio					-	
24 FUNERAL DIRECTO GEOD NAME 202 Greene S				., P.A.	APR	1 7 1005	AK 250 REG	ISTRAR'S	SIGNAT	UKE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is morked or them 18 shows any injury, or other traumatic event, the

1 0800 20 21 21 12 0330° 3	NE LUS		CHAL
92 6 5	8	37.1HW	
YHAREJJA. 1			
	147.193	MEMORIAL 190	OTTA DESIGNATION
A THE WEST STEEL THE	012.38	SERVICE CHARACTER	All DIVERSE
	1989 7		

ould be filed with

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The law requires that

attending physician

TO HOSPITAL OR ATTEN

BP.

injury, or other troumatic event, the

MPORTANT: If Hem 21 is morked or Hem 18 shows ony

FOR DEPARTMENT OF HEALTH
STATE REGISTRAR
CERTIFICATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

0 9 / 8 2

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
. DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26. HOUR
(TYPE OR PRINT) Mari	e M.	Snyder	April 16, 1	.985
SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	May 11, 1904	. 80 yrs.	MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
Maryland	U.S.A.	WIDOWED DIVORCED	_	MD
O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Frostburg		t Road	TYPE OF WORK FOR MOST OF WORKING LIF	Own Home
JSUAL RESIDENCE (IF NURSING HOME 130. STATE 136 CO Maryland Al	UNTY 13c CITY OR 1		158 Depot Ro	1., 21532
4 FATHER'S NAME FIRST John	MIDDLE LAST Wrigh		MIDDIE BE	eman LAST
60 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (1) YES.	GIVE WAR OR DATES)		tha Klink, Same	as 13e
Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSE (b) CONG DUE TO, OR AS A CONSE (c) CITRIBUTING TES MELLI	COURNCE OF SEVERE ONIO OBSTRUCTO DEATH BUT NOT RELATED TO THE	TIVE LUNG DISE TERMINAL DISEASE OR CONDITION GIV 1200 AUTOPSY? 1206. IF YES	
00 000 000 000 000 000 000	DEATH HOUR A.M. MONTH	DAY YEAR	YES NOT YE CCURRED (ENTER NATURE OF INJURY IN ITEM 18. P	S NO NO
OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMIL 21d INJURY OCCURRED WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	211 LOCATION	CITY OR TOWN	COUNTY STATE
220.1 certify that (I) (this has	spital) attended the deceased from FeB. 21 not) view the body after death.	0,1-	, to, inion death occurred an the date and hou	19, that (I) (we) last or and from the causes stated
27b. SIGNATURE	hours of		NG MEDICAL STAFF	22t. DATE SIGNED
22d PHYSICIAN'S NAME (TYP		22: ADDRESS Frostbu	irg Plaza, Frosti	ourg, Md.
30. BURIAL, CREMATION, REMOV.		23c NAME OF CEMETERY OR CREMATO		- 3,
Burial		Eckhart Cemete	CITY OF TOWN	Legany, Md.

DHMH-16 30M 2/80 (VRA 15, 4) 24 FUNERAL DIRECTOR
NAME
Dirst Funeral

ADDRESS

Frostburg

254 DATE RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DA D = 1006

Lage ... Signer ... Coming ... Lage ...

.T. State, E.H. Level grant make grant and part of the state of the st

LANGE TO DO BY HOLD OF THE REPORT OF THE SECOND SEC

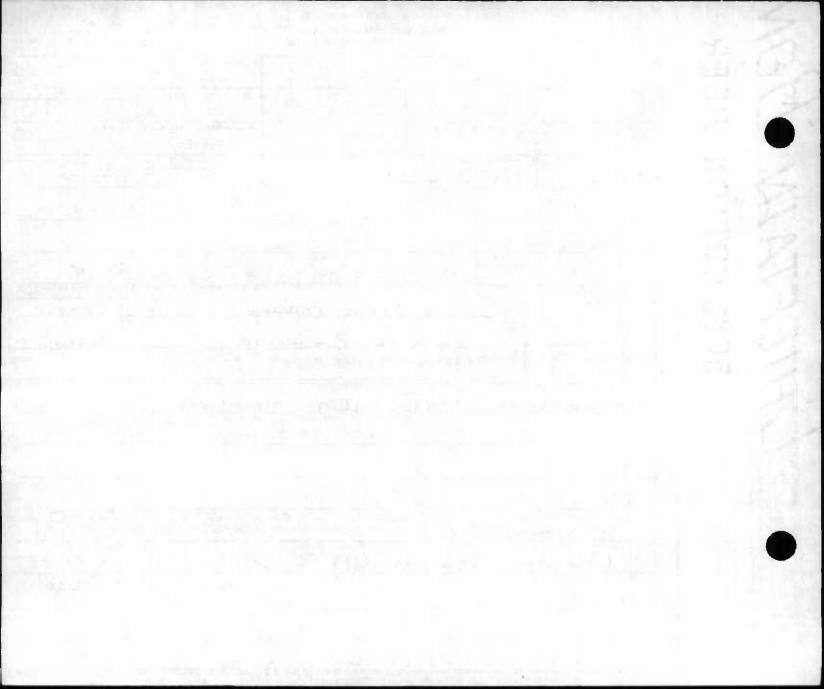
FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

U	7	1	0	1

REGISTRAR		6211111	ICATE OF DEATH	REG. NO.		
1. DECEASED NAME FIRST	MIDDLE	E L	AST	20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR	
JOSEPH JOSEPH	Α.	SPOO		April 28, 1985	7:15 p. m	
1.5EX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER 1 YEAR OF UNDER 24 HRS	
male	white	~02	-17-1905 YEAR	80 YRS	Wild Days	
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	F DEATH	
MD	USA	WIDOWE		Allegany		
Cumberland	(IF NOT IN SUCH FAC	PITAL, NURSING HOME C HITY, GIVE STREET ADDRESS! L Hospital	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) OWNET	126. KIND OF BUSINESS OR INDUSTRY Grocery Store	
SUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136. COU	NTY 13c.	residence before admission) CITY OR TOWN Cumberland	13d INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CODE Route 4 Uhl Hig	hway/21502	
FATHER'S NAME FIRST Frederick	K. Spooles	LAST	15 MOTHER'S MAIDENNA/ FIRST Cat	herine Volk	LAST	
160 WAS DECEASED EVER IN U.S. A	IVE WAR OR DATEST	SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS		
no	2	217-10-5043	Eunice Spool	er, Cumberland, M	D -wife	
18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	inly one cause per line	for (a), (b), and (c)			BETWEEN ONSET AND DEATH	
		WIF RET	VAC FAILUR	RE	GDAYS.	
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS	A CONSEQUENCE OF	PNEUMON		STAY	
				INAL DISEASE OR CONDITION GIVEN		
HEPATIC FALL 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		FOR WHICH OPERATIO		200 AUTOPSY? 206 IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?	
	AIR	JURY MONTH DAY YEAR 19	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T ORPART 2)	
OR CONTRIBUTING CAUSE OF DE	21e PLACE OF IN	NJURY ACTORY, OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
saw the deceased alive a obove (1) (we) (did) (did)	44 40		19 8 Condition (my) (our) opinion of	, to 4-28 19 death occurred on the date and hour o	that (b) we) lost and from the causes stated	
226. SIGNATURE	em Pa			MEDICAL STAFF DIRECTOR PHYSICIAN	4-29-85	
22d PHYSICIAN'S NAME (TYPE Dr. William I			Memori Cumber	al Hospital Medical land, MD 21502	al Building	
236. BURIAL, CREMATION, REMOVA	23b. DATE 05-01-19		emetery or crematory emorial Cem.	CumberTand All	Legany MD STATE	
24 FUNERAL DIRECTOR James F. Scarp	elli, Cumb	perland, MD 1		E REC'D. BY REGISTRAR 256 REGISTRA	AR'S SIGNATURE	

DHMH - 16 60M 7/84 (VRA 15, 4)



FOR

2		Jn.	
-		Ä	
5		65	
	-	垂	٦
2	/	1	
×	ŧ-	- 51	
Ē	1	- 원	H
M.	1	8	3
5		S	٩
ξ		20	
3		10	
2		ij.	
-		ert	
^		h	
5		eat	
7		9	
×		=	
		1at	
5		\$2	
2		quires that	
7 .		300	
9		>	
5		20	
7		he	
-		-	
<		AN	Ď,
>		5	2
5		S	-
Z		H	2
5		0 7	
5		Z	-
ō		9:	100
		E (5
		F 3	D
4		er !	2
		5 3	2
1		AP	2
		E:	7
		S	3
		9	5
		0	0
		F :	n,

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

DHMH-16 25M (VRA 15, 4) 1/79

ows any injury, or other traumatic

IMPOHITANT: If Item 21 is marked or Item 18-so

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

(

09/84

' '	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. I	10		
	CEASED NAME	FIRST	,	AIDDLE	L	AST	28 DATE OF DEATH		DAY YEAR	2b. HOUR
(1164	ORPRINT	Frank		L	Ster	ry	4/10/8	5		1:25p M
3 SE	X	4	RACE	1	5 DATE O	OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1	male		whit	е	12/	26/ 1902	82	YRS.	MONINS DAYS	NOOKS MIN
	IRTHPLACE (STATE OR FO	DREIGN 71		WHAT COUNTRY	P B MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
	Marylan		US.	A	WIDOWE		Allega		inty	MD
	ITY OR TOWN OF DEA		1. NAME OF 1	HOSPITAL, NURSI	NG HOME O	OR OTHER INSTITUTION	12R USUAL OCCUPA	OF WORKING L		F BUSINESS OR
	Frostburg,					y Hospital	Pipefi	tter		ractor
USU 13e	AL RESIDENCE (IF NURS STATE Md	136 ATTE	ther institution.	13c. CITY OR TOV		134. INSIDE CITY LIMITS?	9 Beall S	t.,	21532	
I.F.	ATHER'S NAME	AA II	DOLF	LAST		15 MOTHER'S MAIDEN NA	AME		LAS	ST.
/	Will			terry		Eva		Ha	wkins	
	WAS DECEASED EVER	IN U.S. ARM		166 SOCIAL SEC	URITY NO	17 INFORMANT	ADD	RESS	W	
	Yes	W.W		217-28	-023月	Mrs. Mary	Crosby,	Same		
	IL CAUSE OF DEAT	H (Enter anly	one cause per	line for al, (b), o	nd (C)	0 . 0			APPROXI BETWEEN	ONSET AND DEATH
	PART I. DEATH W	IMMEDIATE		Cocol	00 16	S/a ane	20			
	Conditions, if any gove rise to improve to static underlying cause	nediote ig the lost	(c)	A AGONSEON	1).0	Comfort	ensuse cu	F	vo MI	
Z	PART 2 OTHER SIGI	NIFICANT CC	NDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GI	VEN IN PART I	51
CERTIFICATION	19a DATE OF OPERA	TION	196 COND	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	S, WERE FINDIN IFYING CAUSES ES [
CER	21R. ACCIDENT WAS UN	-	216. TIME O	FINJURY M MONTH E	NAV YEAR	216 HOW INJURY OCCU	RRED (ENTER NATURE OF IN	JURY IN ITEM 18.	PART 1 OR PART 2)	-
CAL	OR CONTRIBUTING [Р.		19					
MEDICAL	218 INJURY OCCUR	HILE 🗀	21R PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE,	, FARM, ETC)	21f LOCATION STREET	CIFY OR T	OWN /a in	COUNTY	STATE
	22x L certify that (I)	(this hospita	I) oftended th	e deceased from	6	100 19 19		01	19.65	that (I) (we) lost
ш	sow the decease above, (I) (we) (ed olive on_	view the body	after death.	8 J . or	nd that in (my) (our) opinion	deoth occurred on the	date and ho	our and from the	causes stated
	276 SIGNATURE		/			DEGREE			22c. DATE	SIGNED
	11/	5/1	elen			ATTENDING PHYSICIAN	DIRECTOR PHYS	AFF ICIAN [1 4/	11/85
	PHYSICIAN'S N					22R ADDRESS			7	
	Dr. V.	R. Fel	ipa			925 Bishop V	Walsh Dr.,	Cumber	land, M	d 21502
73e	BURIAL, CREMATION,	REMOVAL	236. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR FOWN		COUNTY	STATE
	Buri	al	Apr.1	3185 Fr	ostbu	urg Mem. Pa			Allega	
74 F	UNERAL DIRECTOR			ADDRESS		25n. Q.4	DET DESTRECISION		TRARSSIGNAT	
	Durst	Funer	al Hor	me, Fro	stbur	g, Md	A STATE OF THE STA	0		Later Carrier

Type - 14 Ens. Hary Greaty, see 4 -- -- -- -- -- --The P. S. Carolle State Color The second with the second with the second second with the second . Dr. (Puroteof: enol income deric letely filled in by

nding physicion and corbonpopers. Pages

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND FOR SILCOX-MERRITT FUNERAL HOME STATE OF MARYLAND MENTAL HYGIENE

9

	CEASED NAME FIRST		WIDDLE	Į.	AST	20. DATE OF DEATH MONTH	H DAY YEAR	26 HOUR
(TYPE	E OR PRINT)	ER INE	MARIE	SW	AUGER	APRIL 11,1985		7:10
3 SE)		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEA	
	FEMALE	WHIT	Œ	JÜLY	2 DAY 1900 EAR	84	YRS MONTHS . DAYS	HOURS A
7a B1	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	F WHAT COUNTRY?	8	D	9 BALTIMORE CITY OR CO		
(PA.	US	SA	WIDOWE	D NEVER MARRIED DIVORCED	ALLEGANY COU	INTY	
10 CI	ITY OR TOWN OF DEATH			IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND	OF BUSINESS
	CUMBERLAND	S S	ACRED HEA	RT HO	SPITAL	HOUSEW	FE INDUSTRY	
	AL RESIDENCE (# NURSING HOME OF				134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE 2	1502
	MARYLAND ALL	EGANY	CUMBERLA	ND	YES NO	135 HANOVER ST	TREET	
II. FA	ATHER'S NAME	undous.	1467		15 MOTHER'S MAIDEN NA	ME		
	JOSEPH	P.	FRICK		MARY	WIDDLE	MULL	AN
	WAS DECEASED EVER IN U.S. A				17 INFORMANT	ADDRESS		
()	YES, NO OR UNKNOWN) (1F YES, C	GIVE WAR OR DATES]	215-26-70	38	ROBERT SWAUGE	R RFD 1 WILEY	FORD W.V.	Α.
	Conditions, if ony, which gave rise to immediate couse (a). Stating the	DUE TO, (EROTIC	L CEREBROVASC	WLAR DISEASE		
ICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO. (DUE TO. (DUE TO. (CONDITIONS (NEO)	OR AS A CONSEQUE AT hero sclu OR AS A CONSEQUE CONTRIBUTING TO E OLAS OR (2)	ENCE OF ENCE OF DEATH BUT DEATH BUT	C CEREBROVASC	VINAL DISEASE OR CONDITIONS 120 AUTOPSY 200		INGS USED
ERTIFICATION	Conditions, if any, which gave rise to immediate couse (a). Stating the underlying couse lost. PART 2 OTHER SIGNIFICANT D PANCAEAT 190 DATE OF OPERATION	DUE TO, DUE TO, CONDITIONS 196. CONI	OR AS A CONSEQUE AT herosclu OR AS A CONSEQUE CONTRIBUTING TO E PLAS OR DITION FOR WHICH	ENCE OF ENCE OF DEATH BUT DEATH BUT	NOT RELATED TO THE TERM FIES MFLLIST N WAS PERFORMED	VINAL DISEASE OR CONDITIONS TYPE IT 1200 AUTOPSY? 100 IN C	N GIVEN IN PART I	INGS USED
AL CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT D PANCALATY 190 DATE OF OPERATION 710, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO. (OR AS A CONSEQUE AT hero sclu OR AS A CONSEQUE CONTRIBUTING TO E OLAS ON D DITION FOR WHICH OF INJURY A.M. MONTH DA	ENCE OF ENCE OF DEATH BUT DIABLE OPERATION	NOT RELATED TO THE TERM FIES MFLLIST N WAS PERFORMED	VINAL DISEASE OR CONDITIONS 120 AUTOPSY 200	N GIVEN IN PART I	INGS USED S OF DEATH?
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT PANCAFAT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DUE TO, (c) DUE TO	OR AS A CONSEQUE AT herosclu OR AS A CONSEQUE CONTRIBUTING TO E OLAS ON D DITION FOR WHICH OF INJURY	ENCE OF ENCE OF DEATH BUT DIABLE OPERATION	NOT RELATED TO THE TERM FIES MFLLIST N WAS PERFORMED	VINAL DISEASE OR CONDITION TYPE TYPE 200 AUTOPSY? YES NOT RED (ENTER NATURE OF INJURY IN ITI	N GIVEN IN PART I IF YES, WERE FIND CERTIFYING CAUSE YES EM 18 PART OR PART 2)	INGS USED S OF DEATHS
MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT PANCE FAT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DESIGNED CAUSE OF DESIGNED CONTRIBUTING CONTRIBUTING CAUSE OF DESIGNED CA	DUE TO. DUE TO. DUE TO. CONDITIONS 19b. CONI 21b. TIME HOUR AREA 21c. PLACE	OR AS A CONSEQUE AT hero sclu OR AS A CONSEQUE CONTRIBUTING TO E OLAS PO DITION FOR WHICH OF INJURY A.M. MONTH DA P.M.	ENCE OF ENCE OF DEATH BUT DIABLE OPERATION AY YEAR 19	NOT RELATED TO THE TERM FES MFLLIST N WAS PERFORMED 21c HOW INJURY OCCUR	VINAL DISEASE OR CONDITIONS TYPE IT 1200 AUTOPSY? 100 IN C	N GIVEN IN PART I	INGS USED S OF DEATHS
	Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse lost PART 2 OTHER SIGNIFICANT O PANCA FATT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN	DUE TO, C DUE TO, C CONDITIONS C IPB CONI IPB CONI CEATH HOUR A SEATH SE	OR AS A CONSEQUE AT hero scle OR AS A CONSEQUE CONTRIBUTING TO E OLAS PA DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY I REEL FACTORY, OFFICE F	ENCE OF ENCE OF DEATH BUT DIRBLE OPERATION AY YEAR 19 ARM ETC.)	NOT RELATED TO THE TERM FES MELLIFU N WAS PERFORMED 716 HOW INJURY OCCUR	VINAL DISEASE OR CONDITION TYPE TYPE 200 AUTOPSY? YES NOT RED (ENTER NATURE OF INJURY IN ITI	N GIVEN IN PART I IF YES, WERE FIND CERTIFYING CAUSE YES EM 18 PART OR PART 2)	INGS USED S OF DEATH: NO
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT O PANCALEAT 190 DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE ALWORK AT WORK 220.1 certify that (I) (this has	DUE TO. (OR AS A CONSEQUE AT heroscle OR AS A CONSEQUE CONTRIBUTING TO E OLAS PA DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. IREET FACTORY, OFFICE F	ENCE OF ENCE OF DEATH BUT DIRBLE OPERATION AY YEAR 19 ARM ETC.)	NOT RELATED TO THE TERM ESES MELLISO N WAS PERFORMED 211 LOCATION STREET	VINAL DISEASE OR CONDITION STYPE TT 200 AUTOPSY? YES NOT RED (ENTER NATURE OF INJURY IN ITIT	N GIVEN IN PART I IF YES, WERE FIND CERTIFYING CAUSE YES EM 18 PART OR PART 21 COUNTY , 19	INGS USED S OF DEATH? NO STAI
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT PANCALAT 190 DATE OF OPERATION 21d, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. LIFETIMER NOTIFY MEDICAL EXAMINA 21d, INJURY OCCURRED WHILE MURE NOTIWHILE AT WORK NOTIWHILE AT WORK	DUE TO. (OR AS A CONSEQUE AT heroscle OR AS A CONSEQUE CONTRIBUTING TO E OLAS PA DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. IREET FACTORY, OFFICE F	ENCE OF ENCE OF DEATH BUT DIABLE OPERATION AS YEAR 19 ARM ETC.)	NOT RELATED TO THE TERM ESES MELLISO N WAS PERFORMED 211 LOCATION STREET	INAL DISEASE OR CONDITION TO PE TO TOWN TO MEDICAL STAFF MEDICAL STAFF	IF YES, WERE FIND CERTIFYING CAUSE YES (OUNTY 19 10 hour and from th	INGS USED S OF DEATH? NO STAI
	Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT D PANC REATT. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D CHIEF CHIEF MODIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE ALWORK NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED ALWORK 21 WORK 220.1 certify that (I) (this has, sow the deceased alive appare, (I) (we) (did) (did)	DUE TO. (C) DUE TO. (C) DUE TO. (C) CONDITIONS (C) 19b. CONI 19b. CONI 21b. TIME HOUR A EATH (AT HOME S) PITOL THE HOLE S	OR AS A CONSEQUE AT heroscle OR AS A CONSEQUE CONTRIBUTING TO E OLAS PA DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. IREET FACTORY, OFFICE F	ENCE OF ENCE OF DEATH BUT DIABLE OPERATION AS YEAR 19 ARM ETC.)	NOT RELATED TO THE TERM FES MFLUTO N WAS PERFORMED 211 LOCATION STREET 19 and that in (my) (our) opinion DEGREE ATTENDING OF	INAL DISEASE OR CONDITION TO PE TO TOWN TO MEDICAL STAFF MEDICAL STAFF	IF YES, WERE FIND CERTIFYING CAUSE YES (OUNTY 19 10 hour and from th	INGS USED S OF DEATH? NO STAT

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the burial-transif permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, an

ATTENDING PHYSICIAN: The

TO HOSPITAL

BP.

(VRA 15, 4)

24 FUNERAL DIRECTOR

WALTE TO TAOD MADIET CEMETERY

HINDRAN KED BEDFUKD PA.

7. 1985 the Davidson Andrese. ADDRESS SILCOX-MERRITT FINERAL SERVICE CUMBERLAND

TSOS

the contract of the same of th

STATE OF MARYLAND

DEPAR	IMENT O	FHEALT	H AND ME	NIGT	HYGIENE	
EDICAL	EYAAAI	NED'C	CEPTIEIC	ATE	OF DEATH	

7	1	0	- 1

1. DE	REGISTRAR	ME		IER'S CERTIFICAT		REG. NO.	
(177)	CEASED NAME FIRST		WIDDLE	LAST	2a. DATE OF	KNOWN MONTH	DAY YEAR 76
(,,,,	Thurman	W	lebster	Twigg		MATED Apr	il 18, 85 8
3. SE)	X 4. RACE	5 DATE OF BIRTH	6. AGE (IN YE	ARS IF UNDER 1 YR. IF U	NDER 24 HRS. 2c DAT	E MONTH	DAY YEAR 2d.
Ma	ale White	Feb. 25.	1000 76	RS. MONTHS DAYS HOL	DEA	April 1	8, 1985 9
	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF W		8 MARRIED T NEVER	WARRIED L. I	MORE CITY OR COUN	NTY OF DEATH
	Maryland	U.S.	Α.		vorced 🗆 Al	legany	
4	ITY OR TOWN OF DEATH	LIE NOT IN SUCH EA	CHITY CIVE STREET ADDRESS)	E, OR OTHER INSTITUTION	12a. USUAL OCCI	JPATION (TYPE OF WORK	12b KIND OF BUSIN OR INDUSTRY
	mberland		ecil St.		Sheet Me	tal Worker	Construct
	AL RESIDENCE (IF IN NURSING HOME STATE Md. 136 COU	or other institution, GI NTY 2gany	134 CITY OR TOWN	13d. INSIDE CITY LIV	13. STREET ADDR	il St.	2150
14. F/	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S	MAIDEN NAME	MIDDLE	LAST
J	James	E.	Twigg	Ida		В.	Kinse
		RMED FORCES? E WAR OR DATES)	16b. SOCIAL SECURIT		elen Twigg	603 Cecil Cumberland	St.
-	Conditions, if ony, whice gave rise to immediate couse (a) stoting the underlying cause lost.	e (b)	AS A CONSEQUENCE	OF			
Z	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERA	AINAL DISEASE OR CONDITION GIVE	N IN PART 1 (a)		
ATION	PART 2 DINER SIGNIFICANT COMOITION	1 1		RATION WAS PERFORMED			20 AUTOPSY?
TIFICATION		1 1					20 AUTOPSY? YES \(\sqrt{N} \)
CAL CERTIFICATION		19b. CONDI 21b. TIME O HOUR A.M	TION FOR WHICH OPER FINJURY L. MONTH DAY YEA	RATION WAS PERFORMED		NJURY IN ITEM 18 PART 1 OR F	YES N
MEDICAL CERTIFICATION	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS LUNDERLYING OR	19b. CONDI 21b. TIME O HOUR A.M DEATH P.M. 21e PLACE	TION FOR WHICH OPER FINJURY L. MONTH DAY YEA	RATION WAS PERFORMED	?		YES N
	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that I took cho	21b. TIME OF HOUR A.M. DEATH P.M. 21e PLACE STREET, FAC	FINJURY MONTH DAY YEA TOP OF INJURY (AT HOME, IORY, FARM, ETC.)	21c. HOW INJURY OCC	CITY OR T	own c	YES N
	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 210. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that I took cho	21b. TIME OF HOUR A.M. DEATH P.M. 21e PLACE STREET, FAC	FINJURY MONTH DAY YEA TOP OF INJURY (AT HOME, IORY, FARM, ETC.)	21c. HOW INJURY OCC	CITY OR T	own condining of and in my of anner	YES N

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

DHMH - 17 (VR A15 ME (5)) 15M 2/80

236. BURIAL, CREMATION, REMOVAL 236 DATE Burial Apr. 24 FUNERAL DIRECTOR

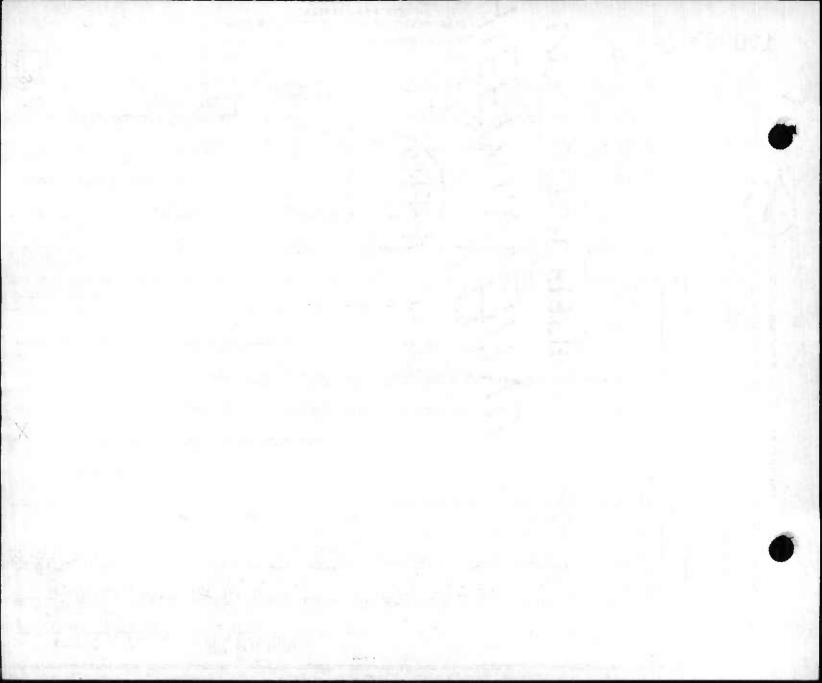
Silcox-Merritt Funeral Ser

Apr. 21, 1985 Zion Memorial Park 404 Decatur St. Cumberland, Md.

231 LOCATION Cumberland

Maryland Allegany

250 APRED 2 REGISTRAR'S SIGNATURE TO THE SECOND STATE OF THE SECON



10	A	Em.
	rdge	direct
U	death.	hin 72 h
101	rs after	by the
VD 212	24 hau	alled in
ARYLA	within	and 2 should be filed within 7
DRE, M	recuted	d camp
MALTIMO	ate be ex	pers. Pag
N ST B	certifico	urbanpa or remay
PRESTO	he death	emave co
201 W.	s that th	ed by the please re rial, crei
ORDS, 2	require	Then gar to bu
AL REC	he law	has be t permit
OF VITA	physica	at-transi fal Hygi
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Edge 4 per retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direction passhad for use as the build-stransit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.
٥	TENDIN	TOR: After use of Health
	OK Al	tached to Dept.
	OSPITA red by	UNERA Id be de the Stat
	TO H	shou with

10		CEASED NAME FIRST	AND, MD 2	15UZ		AST	2a. DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR
E)	(TYPE	JAMES	STA	NFORD	V	ANMETER	04	06	85	16 20
	3. SE		4 RACE	THE CALL	5 DATE (OF BIRTH	6 AGE (IN YEARS L		MONTHS DA	AR IF UNDER 24 HRS
S		male	white		MONTE	1-23-1931	53	Y	RS MONTHS	NOORS MIN.
2 50	7a. B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF V	VHAT COUNTRY	(? 8	D NEVER MARRIED	9 BALTIMORE C	ITY OR COU	NTY OF DEATH	
12 (2)		MD	USA		WIDOWE			ALLEG	ANY	MD.
Hand Day	10 C	ITY OR TOWN OF DEATH		OSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCC	UPATION	12b KINE	O OF BUSINESS OR
(5)	lin.	Cumberland		D HEART		TAL	Constr	uction	local	construction
25	USU.	AL RESIDENCE (IF NURSING HOME STATE 13b CO	OR OTHER INSTITUTION	13c CITY OR TO	ORE ADMISSION)	1 13d. INSIDE CITY LIMITS	113e STREET ADDI	RESS / ZIP C	ODE	
(10)			legany	Rawl	.ngs	YES NO	P.O. B	ox 5/2	1557	
au l	14. F	ATHER'S NAME	WIDDIE	LAST		15 MOTHER'S MAIDEN		DDEE		TAST
@10		Melvin	VanMeter				l Gordon			1001
medical		VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	,	ADDRESS		
ě		no	DATE WAR ON DATES)	21526	9851	Mrs. Nellie	e L. VanMe	ter, Ra	wlings,	MD -wife
t, the		18 CAUSE OF DEATH Enter	only one couse per	ing for (01,/b1,	and je	1	00 0		APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
ewo	1	PART I. DEATH WAS CAU IMMEDI	ATE CAUSE (D)	neta.	State	LAXLE C	el Cal	Cengr	a	
atic a	17%	160	DUE TO, OR	AS A CONSEO	UENCE OF	1	A	1 ,,_		
fian,	. 1	Conditions, if ony, which	(b)				7	1	7	
er te		gove rise to immediate cause (a), stating the	DUE TO, OR	AS A CONSEO	UENCE OF		0	0		
r ath		underlying couse lost.	(c)							
lury, a	Z	PART 2 OTHER SIGNIFICAN	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR	CONDITION	GIVEN IN PART	110
any in	CERTIFICATION	190 DATE OF OPERATION	19b CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY	? 20b. I	F YES, WERE FIN	DINGS USED
11	IFIC						YES TO NO		ERTIFYING CAUS	SES OF DEATH?
Sho Sho	ERT	210 ACCIDENT WAS UNDERLYING	21b. TIME OF			21c HOW INJURY OCC				- L
61		OR CONTRIBUTING CAUSE OF								
or He	MEDICAL	21d INJURY OCCURRED	21e. PLACE C	OF INJURY	19	211 LOCATION				
pe	ME	WHILE NOT WHILE	(AT HOME STRE	ET, FACTORY, OFFIC	E, FARM, ETC }	STREET	CIT	YORTOWN	COUNTY	STATE
mark		27a certify that (I) (this has	nutal) attended the	decensed from			to		19	that (I) (we) last
5		sow the deceased alive i	on	19		nd that in (my) (aur) apini	on death accurred on	the date and		
e 3 2		obove, (I) (we) (did) (did 22b. SIGNATURE	not) view the body o	ofter death.		DEGREE				TE SIGNED
*		247	Mara	n 01 1	m	ATTENDING	MEDICAL	STAFF	4	7-05
ANT.		224 PHYSICIAN'S NAME (TYP	E OR PRINTIL	will	10	22e ADDRESS	DIRECTOR P	HYSICIAN L	17.	1 80
MAPORTANT			0				HOD WALCH I	DOAD	CLIMBED! /	NID MID
N N	220 5			M.D.	NIAME OF C	EMETERY OR CREMATOR	HOP WALSH I		COMPLICE	יוער, ויער
	230. t	BURIAL, CREMATION, REMOVA					CITY OR TO	wh line	s Allega	anv MD
_	_	DUTTAL UNERAL DIRECTOR	04-10-1	700 V	axter	Cemetery	DATE REC'D. BY REGIS	TRAPIZE DE	2 HITEG	ALLY MD
60M 7/84		James F. Scar	noll: O	ADDRESS	4 MD	A D	R 1 1 1005	. 10	a Davidson	
5, 4)		Janes F. Scar	harry, cr	minet. TgL	iu, MD	ZIDUZ ["-	THE RESERVE	1500	とうではなることで	WATER PROPERTY.

BURNA AIMIDAIN BUI

THE POSSESSED READER OF THE PROPERTY OF THE PR

. Call a Herby J. M. Call

119057	1	1	9	0	5	7
--------	---	---	---	---	---	---

Film G604 item 5
1-STATE 6/6/85 rja

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE CERTIFICATE OF DEATH

0	9	1	8	8

		REGISTRAR		CLI	MIIICAIL O	DLATII	REG. N	10.			
		CEASED NAME FIRST	MI(DDLE	LAST		20. DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR	
ı	(TANE	OR PRINT)	TMAN	T WAN	ORSDALE	SR.	APRIL 15.	1985		12:02	P.
	3 SEX		4. RACE	5. D	ATE OF BIRTH	19071/	6 AGE (IN YEARS LAST BI	RTHDAY] IF	UNDER I YEAR	IF UNDER 24 H	
	_	Male	White	A	pril 15		77	YRS	NTHS DAYS	HOURS	AIN,
-	7a Bil	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	ARRIED TENEVE	P MADDIED []	9 BALTIMORE CITY	OR COUNTY O	FDEATH	160	
7	We	est Virginia	USA		OWED	DIVORCED	All	Legany			MD.
-	10. CI	TY OR TOWN OF DEATH		OSPITAL, NURSING HO	ME OR OTHER I	NSTITUTION	120 USUAL OCCUPAT	ION		F BUSINESS	
1		UMBERLAND.		HOSPITAL		L CENTER	Retired		Barb	er	
d		AL RESIDENCE (IF NURSING HOME STATE 1136 COL		IVE RESIDENCE BEFORE ADMIS 3c. CITY OR TOWN		E CITY LIMITS?	13e_STREET ADDRESS				
1	Ma	arvland Al	legany	Cumberland		но 🗌	102 Grand	Ave.	21	.502	
1	14. FA	THER'S NAME	MIDDLE	LAST		R'S MAIDEN NA			LAS		_
	Ma	thias Vanorsd		LASI	Nor	a B. Nol	and		LAS		
~		VAS DECEASED EVER IN U.S. A		66. SOCIAL SECURITY N	10. 17 INFOR	MANT	ADDR	ESS W	[e		_
	[4	YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	14-32-3035	Mrs	. Margar	et P. Vanor	rsdale,	Cumbe	rland,	, Md
1		18 CAUSE OF DEATH (Enter	only one couse per li	ne for (a), (b), and (c4)					BETWEEN	MATE INTERVAL	ÀTH
		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	Cadage	emma	ince	-		em	miller	4
Ì				AS A CONSEQUENCE	OF.						
		Canditions, if any, which	(16)	Venture	lon e	neter	elity		di-	m.	
		gove rise to immediate cause (a), stating the	DUE TO OR	AS A CONSEQUENCE	0.5		,				
		underlying couse lost.	DOE 10, OR	Prese	April -				do	-v-	
		PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEATH	BUT NOT RELA	ED TO THE TERM	IN AL DISEASE OR CON	IDITION GIVEN	IN PART 10	al	_
	CERTIFICATION		000	1)	DA						
	CAT	190 DATE OF OPERATION	196 CONDITI	on for which oper	ATION WAS PER	FORMED	20a AUTOPSY?		WERE FINDIN	OF DEATH?	
	TE						YES NO	YES		NO [
1	GER	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF		21c. HOW	INJURY OCCUR	ED (ENTER NATURE OF INJ	JRY IN ITEM TO PART	T OR PART 2)		
	AL	OR CONTRIBUTING CAUSE OF D	LAIN	. MONTH DAY Y	19						
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	FINJURY	21f. LOCA						
	W	WHILE NOT WHILE AT WORK	(AT HOME, STREE	T, FACTORY OFFICE, FARM ET	C) ST0	EET	CITY OR TO)WN	COUNTY	STATE	ŀ
		22a.1 certify that (1) (this has		and the same of th	4-13	, 19	, to <u>4-</u>	15 19	P	that (we)	lost
		saw the deceased olive obove, (4) (live) (did) (did)	ngt) view the bady at	ter death.	_, and that in In	y) our) opinion o	deoth occurred an the a	lote and hour a	nd from the	couses stated	Ь
		22b. SIGNATURE	elli: 1	ATE	DEGREE	ATTENDING	MEDICAL STA	FF	22c. DATE	SIGNED	
d		29d PHYSICIAN'S NAME THE	Constanti	- 20 1. 1.	220 ADD		DIRECTOR PHYSI		17	1-1)	
		DR. T. WILLIAM				RIAL HOS		DICAL B		1G	
-		SURIAL, CREMATION, REMOVA		123, NIAAAE	OF CEMETERY C		MARYLAND 123d LOCATION	2150	4		
		Burial		.1985 Davis			Cumberl:	and. Al	Tegany	Ma Ma	E .

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the busial-transit permit. Then please remove carbonpopers. Pages Land 2 should be Mee with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN: The law

attending physicion.

retoined by the hospital or TO HOSPITAL OR

BP.

тефісо

injury, ar other traumotic event, the

MPORTANT: If them 21 is marked or them 18 shows

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR F. Scarpelli Cumberland, Md. 21502 ANCI 9 1835 P. Scarpelli Cumberland, Md. 21502

the contract of the contract o motor ... most motor motor management and of the to a service of the s Anna - Ball March March and Anna March March

	FOR	
-	STATE	
	REGISTRAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	1	-	0	3,

REGISTRAR				CERTIF	ICATE OF	DEATH	REC	. NO.			
1 DECEASED NAME (TYPE OR PRINT)	BIRDII		RUTH		WARN I C	K	24. DATE OF DEAT		13	85	26 HOUR 1435H _м
FEMALE		4 RACE WH I	TE	5 DATE C		*593	6 AGE (IN YEARS LAS	YRS		DA15	IF UNDER 24 HRS HOURS MIN.
MARYLAND		/ U	WHAT COUNTR SA	WIDOWE	Y Sund	NORCED [9 BALTIMORE CIT	_		ATH	MD.
CUMBERLA	ND /	MEMOR I	HOSPITAL, NURS HEACHITY, GIVE STRI AL HOSPI	EET ADDRESS)	OR OTHER INS		126 USUALOCCUI (TYPE OF WORK FOR MO STRESS RET	DST OF WORKING		JSTRY	F BUSINESS OR
USUAL RESIDENCE (#136 STATE W VA	1994 COUN		13c. CITY OR TO	NWO	YES 🗶	NO 🗌	13e.STREET ADDRE	SS / ZIP CO	DE G	G	799
DAVID	۸	AIDDLE	WARNICK			S MAIDEN NAI DORCAS	MIDD	F.	AZENB	AKE	Ř
160 WAS DECEASED ET 1 YES, NO OR UNKNOWN		MED FORCES? WAR OR DATES!	234-26-		17 INFORM	MEMORIA	AL HOSPITA		TOL AND		up 21502
Canditions, if gove rise to cause (a), st	IMMEDIATI ony, which immediate	DUE TO, O	ARDIO.	RESPI QUENCE OF 21 NO N	rd o	or co	LON MONITIS		Bt	TWEEN C	MTÉ 30 GIA TERNO
The state of the s	SIGNIFICANT	onditions co	V) F	O DEATH BUT	NOT RELATED	111 /	MINAL DISEASE OR C		COS		2
190 DATE OF OPE	ERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFO	DRMED	YES NO	IN CER	YES, WERE TIFYING C YES []	FINDIN AUSES	OF DEATH?
OR CONTRIBUTING {IF EITHER NOTIFY OCC	CAUSE OF DEAT	P. 21e PLACE	м. моnth м.	19	216 HOW IN	ON	RED (ENTER NATURE OF	e mati ni prulni	8 PART I OR F		STATE
220.1 certify tha					nd that in (my	19) (our) opinion	death occurred on the	ne date and h			that (I) (we) lost causes stated
226. SIGNATURE	Help(cier	UZ.	- K	DEGREE V 22e ADDRE	-	MEDICAL DIRECTOR PH	STAFF YSICIAN	220	DATE	SIGNED
230 BURIAL, CREMATIC BURIAL	ON, REMOVAL	236 DATE 4-17-8		RANTSV		CREMATORY	23d LOCATION CITY OF TOW GRANTS		SARRE!		STATE

DHMH - 16 65M 7/84 (VRA 15, 4)

ferman GRÄNTSVILLE, MD

GRANTSVILLE CEMETERY GRANTSVILLE GARRETT MD

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
ANTSVILLE, MD

APR 1 9 1985

BIBUIE PLAN DARWEST ON BY BY BY THE COUNTY ON SHIP SHIPS ON SHIP SHIPS ON SHIP SHIPS ON SHIPS

HENORIAL HOSPITAL

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the

retained by the hospital or attending physician

TO HOSPITAL

BP

filled in by

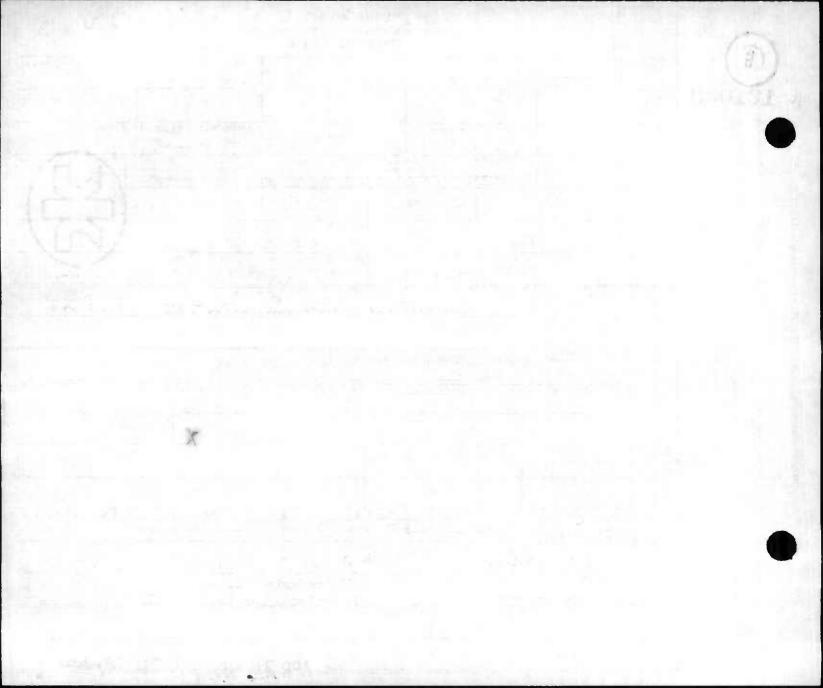
FOR
STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	9	1	9	U

K	EGISTRAR						REG	NO.			
DECEA	ASED NAME	FIR51		MIDDLE		LAST	20 DATE OF DEATH	MONTH DA	AY YEAR	25 HOUR	Δ
TIME ON		OLEE	L	OUISE	WAT	TSON	APRIL 24.	1985		3.03	M
S. SEX		14	RACE		5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	FUNDER 1 YEAR		
1	emale		White		JuĨÿ		62	YRS	ONTHS. DAYS	HOURS	MIN.
a. BIRTH	HPLACE (STATE OR F	OREIGN 7		WHAT COUNTR	MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	OF DEATH		
	Md.		U.S.	Α.	WIDOW		Allega	iny			ME
	OR TOWN OF DEA		MEMOR T	H FACILITY, GIVE STR	TTAT C.	OR OTHER INSTITUTION MEDICAL CENT	120 USUAL OCCUPA (TYPE OF WORK FOR MOS		INDLISTRY	OF BUSINES	SOR
CUMP	RESTDENCE HE NURS	ING HOME OF C	THER INSTITUTION	GIVE RESIDENCE BEF	FORE ADMISSION)						
13a STA	Md.	Alle	gany	Cumbe	rland	YES X NO [1824 Bec	ford St	. 215	502	
4 FATH	IER'S NAME		IDDLE	LAST		15 MOTHER'S MAIDEN N.	AME		14	st	
	Harry		artin	Dick	en	Pearl	Model		Cess	sna	
	S DECEASED EVER		ED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT		RESS			
[TES	NO OR UNKNOWN)	(IF TES GIVE	WAR OR DATES	236-20-	-9392	David M. W	latson 1824	Bedford	l St.C	Mdm	1d.
18	CAUSE OF DEAT	H (Enter only	one couse per BY-							ONSET AND DE	AL EATH
		IMMEDIATE		Condon	elreal	Corcerom	- relata	lei	124	mm	1
			DUE TO, O	R AS A CONSEC	DUENCE OF		,				
	Conditions, if ony,		((b)_								
	gove rise to imm couse (o), statin		DUETO	R AS A CONSEC	DUENCE OF						
0	underlying couse lost (c)										
	ART 2 OTHER SIGN	VIFICANT CO	ONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVE	N IN PART 1	0	
N N											
CERTIFICATION 130	DATE OF OPERA	ION	196 COND	ITION FOR WHI	CH OPERATIO	IN CERTIF			S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \(\begin{array}{cccccccccccccccccccccccccccccccccccc		2
21	a. ACCIDENT WAS UNE	DERLYING	21b. TIME C			21c HOW INJURY OCCU					-
	R CONTRIBUTING			M. MONTH							
\sim	IF EITHER NOTIFY MEDIT		P. 21e PLACE		19	211 LOCATION					
WE	WHILE NOT WH		(AT HOME, ST	REET, FACTORY, OFFIC	CE FARM ETC)	STREET	CITY OR	NWOI	COUNTY	STA	ITE
		RK			eh -	13 06	- //	44	Co		
27	a. I certify that					13 19 85				that we	
	sow the decease obove, (1) we) (c	lidi (did not)	view the body	ofter death		nd that in (my) (our) opinior	a death occurred on the	dote and hour			ed
22	b. SIGNATURE	m	00			DE GREE			22c DATE	SIGNED	
	0	N30	con			ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN [240	Spr 15	-
22	d. PHYSICIAN'S NA	MÉ (TYPE OR	PRINT)			955 Frederic	ck St.			0	
	R ANTHO	Y BOL	LINO			Cumberland,	Maryland	2150	2		
	PIAL, CREMATION,		23b. DATE	23	NAME OF	EMETERY OR CREMATORY	234 LOCATION		COUNTY		7.5
(2bf)	Buria		April 2	26,1985	Hillcre	est Burial Pa	ark Cumberla	and Al	llegan	y Mď.	•
4 FUNE	ERAL DIRECTOR				Decat		TE REC'D. BY REGISTRA				
9:1	NAME OF MORE	tt D.	noral c			d. Md. App	D.C. 1000 1	1 10.	70. 1	.00 .	w
DIT	COX-LIETT.	LLL I'U	neidi i	ber offi	Deligil	u. Mu. ADD	A D ADUL	Y.I. Barrela	-A-MONIG	ALUE !	42

DHMH - 16 60M 7/B4 (VRA 15, 4)



10.00

111001 TW. SIS BETAV. E AN 11 to 252 to STREAM BENDAME OL DE S THE REPORTE THERET . BY 1807-70-410 Printer Josephan Landing Control

126160

STATE	OF	MARYLAND
JIMIL		MINNIERITE

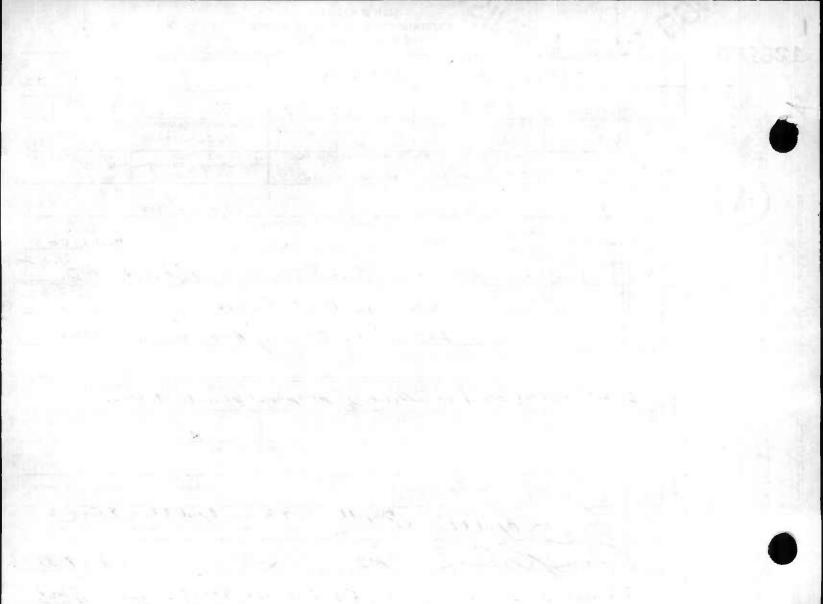
DEPARTMENT OF HEALTH AND MENTAL HYCIEND

0	9	1	C	2
0	1	1	9	line

1	1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL NYG	IEND O	9 /	9 2		
		CEASED NAME	FIRST		MIDDLE	L	AST	2R DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
1	ITYPE	OR PRINT)	JAME	=5	M	WI	UNER	4	1-27	- 85	135 AM	
I	SEX	(14	RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT	(HDAY)	F UNDER 1 YEAR	IF UNDER 24 HRS	
l		N	PAle	WH	FIRE	MONTH	- 25 - 1914	7/	YRS	MONTHS DAYS	HOURS MIN	
Æ		RTHPLACE (STATE	OR FOREIGN 7		WHAT COUNTRY?	B.	D NEVER MARRIED	BALTIMORE CITY O				
1		MD		US		WIDOWE	DO DNORCED	ALLEC	ANY		MD.	
		ROSTBU		ME NOT IN SU	HOSPITAL, NURSINGH FACILITY, GIVE STREET	ADDRESSI	DR OTHER INSTITUTION NSG HOME	12R USUAL OCCUPATI (TYPE OF WORK FOR MOST O			F BUSINESS OR	
7	JSUA	AL RESIDENCE IN	NURSING HOME OR C	THER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)				216	117	
1	130 3	MD.		EGANY	MIDLAN		YES NO [13R STREET ADDRESS	+ AUC	E. 0-10	46	
,	4 FA	THER'S NAME FIRST WILL	м	DOLE	LAST		15 MOTHER'S MAIDEN NAM	ME		HEM		
+	Ao VA	VAS DECEASED E		ED FORCES?	166 SOCIAL SECT		17 INFORMANT	ADDRI	SS	HEMA	TINE	
		NO OR UNKNOWN		VAR OR DATES)	220-10-	1	June P. STA	NTON, M	idla	wel n	1D.	
r		IL CAUSE OF D	EATH (Enter only	one couse pe	r line for (o), (b), or	nd (ch)	/1			A ROX	MATE INTERVAL	
1		PART I. DEAT	H WAS CAUSED		Co	nscot	ne Heart 1	Failure		V	911	
П				DUE TO, C	R AS A CONSEQU	ENCE OF		4 1	40			
1		Conditions, if		(ıb)_	A+4	ero sch.	ratio Corongi	ay Altery 1	1/5/41	10 1	cars.	
1		gave rise to	immediate toting the	DUETO	OR AS A CONSEOU	ENCEOE	/					
1			ouse lost	10000	, , , , , , , , , , , , , , , , , , ,	ETTEL OF						
	NO	PART 2 OTHER	SIGNIFICANT CO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GI	VEN IN PART 110	01	
1	CERTIFICATION	190 DATE OF OP	ERATION	196 COND	TION FOR WHICH	OPERATIO	IN			IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?		
4	RT							YES NO		ES 🗌	NO 🗌	
1		216 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEAT		.M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18.	PART I OR PART 2}		
1	WEDICAL	214 INJURY OCC		21R PLACE	OF INJURY	SABM STC :	211 LOCATION	CITY OF TO	WN	COUNTY	STATE	
1	\$	WHILE AT WORK	OT WHILE	(AT HOME, SI	TREET, PACTORY, OFFICE,	PARM, EIC.)		CITORIO			JAN	
1				- 1	he deceased from_	M	9×11 19 83	10 April	127	19_85,	that (I) Ove) lost	
1		obove. (I)	e) (did) did not		ofter death.	33.01	nd that is (my) (our) opinion o	death occurred on the d	ote and ho	ur and from the	causes stated	
1		226. SIGNATURE	1	.0	1		DEGREE			22c DATE	SIGNED	
1		1/	erus	Out	h	K	1D: ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [4-	27-85	
1		224 PHYSICIAN	S NAME (THE OR	PRINT)			22R ADDRESS				1,000	
1		Tho	mas J	. Dec	lin		1 4	son Street	160	a con in	i md.	
1		URIAL, CREMATH	ON, REMOVAL	23b. DATE	-0 (23c.		EMETERY OR CREMATORY	234 LOCATION CITY OF TOWN	1 1	COUNTY	MASIAIE	
-	24 57	BUVIA	0 01	7-29	17	Jasq	1250. DATE		751 PEC 15	TRAPICATION	111	
1	rt ru	MAME J	المحاد	anto	H. DUGGEVIV	un_	MAY	0 1 1995 2	A A	MARS SIGNAL	doll.	
L	2	ichhorn	1 FUNEYI	+/ HON	ne, Low	ACCNI	NS, III)	7		LINCOL PHILIPPI		

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIFFECTOR: Mould be detached for use as with the State Dept. of Heaf IMPORTANT: If II



SOWERS FUNERAL HOME STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

09/93

REGISTRA FROSTBURG	MD 21	532	CERTIF	ICATE OF DEATH	REG	NO.				
DECEASED NAME FIRST	MI	DDLE	·	LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2h HOUR		
MARY	F	FRANCES		WITTE	APRIL	24, 1	1985	10:25A		
SEX	4. RACE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS		
FEMALE	WHITE		FEB"	147, 1910	75	YRS	MONTAS DATS	HOURS MIN.		
BIRTHPLACE (STATE OR FOREIGN .	76 CITIZEN OF W	HAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE CIT	OR COUN	TY OF DEATH			
MARYLAND	U.S.F	١.	WIDOWE		ALLEGA	MY COL	JNTY,	MD		
ATTY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUP			OF BUSINESS OR		
UMBERLAND	SACE	RED HEAR	T HOS	PITAL	"SECRET	ARY	CONC	RETE		
SUAL RESIDENCE (# NURSING HOME OR 5 STATE 136 COUN ARYLAND ALLE	GANY	3c. 21 328	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS BOX 58	S / ZIP CO	DE	328		
FATHER'S NAME	AHDDLE	6.457		15 MOTHER'S MAIDEN NA	and the second s					
CLAUDE	T.	WARD		ELIZABET	H MICH	•		WORTH		
WAS DECEASED EVER IN U.S. AR		66 SOCIAL SECU	RITY NO.	17. INFORMANT		DRESS	215			
O OR UNKNOWN) NIF YEAGIV	E WAR OR DATES)	214-07-	6575	MR. RICHAR	D WITTE,	BOX 5	8, ECK	HART,		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a										
190 DATE OF OPERATION	ulm or		OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20h JE V	ES, WERE FINDI	NGS HISED		
190 DATE OF OPERATION O	178 CONDII	ION TOR WINCH	OFERATIO	NAS FERTORMED	YES NO	IN CER	TIFYING CAUSES			
		INJURY MONTH DA	V VEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF I	NJURY IN ITEM I	B PART I OR PART 2)			
OR CONTRIBUTING CAUSE OF DEA	(III		19							
OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE O	F INJURY ET FACTORY OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY O	RIOWN	COUNTY	STATE		
220.1 certify that (1) (this haspi	tal) attended the	deceased fram_		. 19	, to		19	that (I) (we) las		
saw the deceased alive an abave, (1) (we) (did) (did na	t) view the bady a	lter death		nd that in (my) (aur) apinian	death accurred an the	date and he	our and Iram the	causes stated		
22b. SIGNATURE	1	7		DEGREE ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN [22c. DATE	51GNED - &		
274. PHYSICIAN'S NAME (TYPE O	OR PRINT)			22e ADDRESS				21532		
SUSAN SCHWA	RTZ, M.D	•		RTS 36 & 40	FROSTBURG	PLAZ				
BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY						

DHMH - 16 60M 7/84 (VRA 15, 4)

to funERAL DIRECTOR. should be detached for use with the State Dept. of Hea MPCRTANT, II B.

BURIAL

FROSTBURG MEM. PARK

MAIN ST. FROSTBURG

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

SOME THE STREET OF A STREET PRANCES 11 TE ARILL 24, 1985 19:05A SACREM HEART HOSPITAL 2770-100 DAY TO SEE S TO MEDICAL METERS IN SEES SEE The street of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAK HYGIENE

0	9	1	9	4

106	1	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL NYC ICATE OF DEATH	REG. NO	9 / 9	4
10		CEASED NAME FIRST		WIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
* Bo		Leo		Andrew		olf	April, 17	7. 1985	8:01 M
0	3. SE	Male	Whi	te	May May	23. 1905	6. AGE TIN YEARS LAST BIRT	YRS PONDER TY	
4		IRTHPLACE (STATE OR FOREIGN		F WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DINORCED	9. BALTIMORE CITY OF Allegany	R COUNTY OF DEATH	MD.
nothed with		TY OR TOWN OF DEATH Cumberland		HOSPITAL, NURSIN OCH FACILITY, GIVE STREET Manor N		ng Home	126 USUAL OCCUPATION Retired	WORKING LIFE) INDUST	DOF BUSINESS OR TRY
184	130 M 8	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULD ALL COU	POTHER INSTITUTION	13 CITY OR TOW	land	138. INSIDE CITY LIMITS? YES NO M	Rt #1, Bo	ZIP CODE OX 169 /	21502
3047		ATHER'S NAME George	MIDDLE	Wolf LAST		Alice	MIDDLE	Miltent	erger
Poges		WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (# YES, GI	RMED FORCES? VE WAR OR DATES)	214-05		Paul Wol	f Corriga	anville,	MD
ias been signed by the otte permit. Then please remove ne prior ta burial, cremation ws ony injury, or other troum	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION	CONDITIONS O	me h	ENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE 1 200 AUTOPSY?	206. IF YES, WERE FIN	NDINGS USED USES OF DEATH?
ransit Hygie		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A		AY YEAR	21¢. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	YES TO THE TEM TO PART TO THE PART	NO []
s the burial-t ond Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACI	P.M. E OF INJURY STREET, FACTORY OFFICE, I	ARM ETC	211. LOCATION STREET	CITY OR TO	wn (OUNTY	STATE
CTOR: Affar use of Health		220 I certify that (I) (this hasp saw the deceased alive ar above, (I) (we) (did) (did no	2/9	195	- , or	nd that in (my) (aur) apinion	death occurred on the do	19.85 ate and hour and from	, that (I) (we) lost the causes stated
(AL DIREC detached ote Dept. VT: If Item		22b. SIGNATURE V. A.	lang 1	han			MEDICAL STAF DIRECTOR B PHYSIC	IAN 4	ATE SIGNED
should be deto with the State		V. A. Ranjith					, Seton Driv		1502 land, MD
₩ ¥ 3 ₹ 	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c.		emetery or crematory st Burial Par		nd, Alleg	. MD
16 50M 4/83 A 15, 4)	24 F	uneral director NAME William (3. Kig	h+ ADDRESS	umber	Hand, MD 250 At	14 E 2 2 REGS 15 AR	256. REGISTRAR'S SIG	NAJURI delle

		Taraba (
		7	1505	23,	Э	i	o F
				X			bur Iva
ĭC -	1	ctire	5 0	i	0	ioi	Lorin Exer Fina
20513	01 10	, 1	20	- basic	e fau I	7 9 5	EV boolvas
	il		licu		_ [0		9
	nrville	imos 1	To Los				0

Milliambadagh Provide Dansal

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	13	3	9	100
U	1	1	1	-

REGISTRAR				CERTII	FICATE OF DEATH		REG. NO)		
1 DECEASED NAME	FIRST	/	AIDDLE		LAST	2a DATE OF D			DAY YEAR	2b HOUR
(TYPE OR PRINT)	ARRY	ARNOI	D .	WOTRI	NG	April	9.	1985	5	8:15 pm
3. 5EX		4. RACE		5 DATE	OF BIRTH	6. AGE (IN YEA			IF INDER I YEAR	IF UNDER 24 HRS
male		white	Э	MONT	06-21-1906	78		YRS	MONTHS DAYS	HOURS MIN
70 BIRTHPLACE (STATE C	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	- Marien	9 BALTIMORE	CITY OF		OF DEATH	
COUNTRY)		USA		WIDOW	ED MEVER MARRIED DIVORCED	Allega	anv			MD
10. CITY OR TOWN OF D	EATH	11. NAME OF	OSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL OC	CUPATIO			OF BUSINESS OR
Cumberland			ial Hosp			ret. d				
USUAL RESIDENCE (IF NO	136 COUN	OTHER INSTITUTION		ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET AD				
MD		egany	Cumber		YES NO	1006	Lexi	ngton	Avenue	e/21502
14 FATHER'S NAME		WIDDLE	1857		15 MOTHER'S MAIDEN N.	AME	MIDDLE		LA	
	n Wotr					Frush			5.00	
160 WAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRES	SS		
No	(# 163 0 #	Z TITLE ON DATES	214-07-	5853	Mrs. Eva P	Wotrin	q, C	umber	land, N	MD - Wife
18 CAUSE OF DEA	TH Enter or	ly one cause per	1 porto	distant	teans 1	100001	1		APPROX BETWEEN	ONSET AND DEATH
PART I. DEATH		TE CAUSE (a)	LANGE	MAU.	mmust	wug	1			
		DUE TO: O	Jan Alech	Maran	al. = m.	. Pac	77	CA		
Conditions, if ar		64 6	011/1001	MI SH	all elenn	100	12	11/		
gove rise to in		DUE TO, OI	A A PONSAUL	MENO						
underlying cou	se last	((c)_	843VV							
	GNIFICANT (CONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	OR COND	ITION GIV	EN IN PART 1	a
OF .										
19a. DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOP	SY?		YING CAUSES	
AT .		2					NON	YE	s 🗌	NO 🗌
0.0.00.00.00.00.00.00		216. TIME O	FINJURY M. MONTH DA	AY YEAR	TE HOW INJURY OCCU	RRED (ENTER NATU	RE OF INJUR	IN ITEM 18 P	ART I OR PART 2)	
(IF EITHER NOTIFY ME			м.	19						
(IF EITHER NOTIFY ME		21e. PLACE (OF INJURY		2)1 LOCATION STREET		(SMOHIO)	M-SE-	COUNTY	STATE
WHILE AT WORK	AMER []	^		110	nor oc	- 1	In	00	ar	
220 1 cortify that	ti (this traspi	September 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	deGlased frame	Lift	100 00	to_	JAFC	1/	0	that (I) (we) last
sow fur docer	distribution	I view Me Body	ofter death.	ه کنگ	nd that in (my) (aur) apiniar	death occurred	on the da	te and hou	r and from the	causes stated
77% SIGNAME	14/1	4 3			DEGREE				22c DATE	SIGNED
11	Inca	mu	n	>	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF		14-	7-55
224 PHYSICIANS	NAME THE	Street			22e ADDRESS	rial Hos	nite	1 Mod	Haal D	
Dr. T. V	lillian	ns			Cumbe	rland, N	1D 21	502	ilcal b	arraring
23a BURIAL CREMATION			23c N	NAME OF (EMETERY OR CREMATORY	23d LOCATI	ION		# O	
Burial		04-13-	1985 Hil	llcres	st Burial Par	k Cumb	erla	nd A	llegany	y MD
24 FUNERAL DIRECTOR			ADDOC:		250 DA	TE REC'D. BY REC	SISTRAR	Sh. REGIST	RAR'S SIGNAT	TURE
James F. S	carpel	li, Cum	berland,	MD 2	1502 APK	1 2 1985	1 9	ine De	7.47 16	indella

DHMH - 16 60M 7/84

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD

07/84 25M

1 - STATE REGISTRAR

STATE OF MARYLAND

DECARTMENT OF HEALTH AND MENITAL HYCIENE

REG	NO.	

1	3	1	C

DELVIK	IMEIAL OF	HEALL	LI MIND MI	ELA COVE I	TOBIELAE	1
AEDICAL	EXAMI	NER'S	CERTIFIC	CATE	OF DEATH	

28.25.	1. DEC	CEASED NAME E OR PRINT) A	LMA	RU	TH Y	OUNGE	LOOD		20. DATE KNOW OF ESTI- DEATH MATER	37 41	27-85	11:30
DIRECTION FILE	s sex Fer		ite 3	/24/18		ARS IF UN MONTH		DER 24 HRS	PRONOUNCED DEAD	4-	27-85 19	1:30
NECESA CINERAL WITHIN	FOI	RTHPLACE (STATE OR REIGN COUNTRY) WV		ITIZEN OF WH. USA		WIDOW		ORCED	Allegan	7		MD
2 58 E C T T T T T T T T T T T T T T T T T T	Cı	ty or town of dea umberland	S	enotin such fac acred H	ITAL, NURSING HOMI LITY, GIVE STREET ADDRESS) eart Hospi	tal	ER INSTITUTION	FOR	UAL OCCUPATION MOST OF WORKING LIFE LEMAKET		OR INDUSTI Domesti	RY
1225	130 S	d.	IRSING HOME OR OTHER 136. COUNTY Allegany	R INSTITUTION, GIVE	RESIDENCE BÉFORE ADMISSI 134 CITY OR TOWN Cumberland	ON)				treet	2150	2
DEATH. GES.1.2 M. P.M.3 AND 2:		Herbert	MIDD		Abe		15 MOTHER'S M FIRST Annie	2	MIDDLE		Gloyd	
SATER SATER TH FOR MCES I		NO NO	(1F YES, GIVE WAR OR	DATES)	236-74-08	09		phis,	Paw Paw,		34	X -
D BE EXECUTED WITHING 24 HOUSE RENDING" IN PENCIL IN THE REDICAL EXAMINES ALONG AS A BURIAL - TRANSIT FEMILY AND MENTAL HOSENE CREMATION, OR REMOVAL	NO	Canditions, if of gove rise to couse (o) stating lying cause last.	ony, which immediate g the under-	(b)	OF (0). ARTERTO AS A CONSEQUENCE AS A CONSEQUENCE IT NOT RELATED TO THE TERM	OF OF			SEASE		BETWEEN ONSE	T AND DEATH
SHOULD INCORP. PEN CORIEF MISSED A NT OF HEA BURIAL, CI	IFICATION	190 DATE OF OPERA	TION	196 CONDITI	ON FOR WHICH OPER	ATION W	AS PERFORMED?				20 AUTOPSY	2 NO XX
ERTIFICATE S ING THE WO ED TO THE C IS SHOULD BE EPARTMENT PRIOR TO BL	MEDICAL CERTIFICATION	210. EXTERNAL CAU UNDERLYING CONTRIBUTING	OR CAUSE OF DEATH	P.M.	MONTH DAY YEAR	?		JRRED (ENTER	NATURE OF INJURY IN ITE	M 18 PART I OR PA		
WRITIN WRITIN ARDED AGE 3 S ATE DEP	MED	21d INJURY OCCUR WHILE NOT AT WORK AT W			FINJURY (ATHOME, RY, FARM, ETC.)		CATION		CITY OR TOWN	COL	YTAU	STATE
TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	yen.	ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Naturol cou	MASTRA	NGELO, M.D		Homicide Title (SPECIF) Deputy D. 900	O SETON	Inquiry EXI termined manner [DICAL EXAMINER DRIVE,	DATE	4-27=85	ryland
BP	74 EI	JRIAL, CREMATION, R PECHY) Burial UNERAL DIRECTOR NAME 1sley=John	4/3	0/85	Mt. Nebo Union St. keley Spri	Ceme		CITY	ocation ortown eat Cacapa y REGISTRAR 256	cour on Mor REGISTRAR'S S		TATE

FOR may be TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director; is should be detached for use as the burial-transit permit. Then please remove carbonpapers: Pages 1 and 2 should be filed within 72 hours office with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9

STATE REGISTRAR			CERTIF	CATE OF D	EATH	REG.	NO.		
I DECEASED NAME	FIRST	MIDDLE	U	451		20 DATE OF DEATH		DAY YEAR	26 HOUR
	ELIZABETH	S	YOUNGE	R		04	12	85	1032 A M
FEMALE	NEGRO		5 DATE O		13 ^{AR}	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAT	
JO BIRTHPLACE (STATE OF	FOREIGN 76 CITIZEN OF	WHAT COUNTR	Y? 8 MARRIEI	□ NEVER A	ARRIED -	9 BALTIMORE CITY			
Pennslyvani			WIDOWE		ORCED	Allegan			MD.
CUMBERLAND M	ND MEMOR	HOSPITAL, NURS	TAL CL		ITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Housewi	TOF WORKIN		
USUAL RESIDENCE (# NURS 130 STATE MD	136 COUNTY ALLEG	13c CITY OR TO		13d. INSIDE C	NO 🗌	13e.STREET ADDRESS	s/zipo erla	ode and Str	eet ²¹⁵⁰
14 FATHER'S NAME FIRST	MIDDLE	LAST			MAIDEN NA	WE			LAST
John	Elliott	Smit	h	Ma	ry	R.			nes
160 WAS DECEASED EVER	IN U.S. ARMED FORCES?	166 SOCIAL SE		17 INFORMA				nberlan	
NO.		217-8	0-7688	Flore	ence M	Meade 544	N.	Mechan	ic. St.
18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one couse pe			-	001			APPRO BETWEE	DXIMATE INTERVAL
Z 0./	NIFIGANT CONDITIONS CONDITIONS CONDITION 196 COND	ITION FOR WHIC	COYU O DEATH BUT BESTY	NO RELATED	be tens	DSea SEA	20b IF	YES, WERE FINE RTIFYING CAUS YES []	DINGS USED ES OF DEATH? NO []
		M. MONTH	DAY YEAR	ZIC HOW MY	JOK! OCCORP	CENTER NATURE OF IN	JURY IN ITEM	18 PART OR PART 2	,
CIFETHER NOTIFY MEDI		M. OF INJURY	19	211 LOCATIO	N				
WHILE NOT WE AT WORK AT WO	LAT HOME ST	REET FACTORY OFFIC	E, FARM ETC)	STREET		CITY OR	TOWN	COUNTY	STATE
	(this hospital) attended to	ne deceased from	n		_, 19	, to		. 19	, that (I) (we) last
sow the deceose above, (1) (we) (a	ed alive an	ofter death.	, on	d that in (my)	(our) opinion (death occurred on the	date and	hour and from tl	he couses stated
22b. SIGNATURE	4/12_		M	DE GREE	TTENDING PHYSICIAN	MEDICAL ST	AFF	The DA	1/2/18
22d. PHYSICIANS N.	// - 1 - 7 /	an M	P.D .	??e ADDRES	S				
230 BURIAL, CREMATION,	REMOVAL 236. DATE	23	NAME OF C	EMETERY OR C	REMATORY	23d LOCATION		COUNTY	STATE
Buria	4/15/	85 W	oodlav	vn Cem	etery	Cumber:	land	Allega	any Md.
24 FUNERAL DIRECTOR NAME Leasure-St	Cumberland ein F. Hom			nore A	APK	E REC'D. BY REGISTRA	RIZSH RET	SISTRAR'S SIGN	FIRE

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the hospital or attending physician

MPORTANT. If Item 21 is marked or Item 18 shows ony injury, or other traumonic event, the medical exam



FOR - STATE REGISTRAR

STATE OF MARYLAND DE

U	7	1	3	O
			100	

PARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	YGIËNE REG. NO.						
YUTZY	April 2, 1985	DAY YEAR	26 HOUR 2:22				
5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24				
MONTH DAY YEAR		MONTHS DAYS	HOURS				

	CEASED NAME E OR PRINT)	EDNA		OUISE	YUTZ	Y		April	2, 1985	DAY YEAR	2:22 _A	
3. SEX Female			4 RACE White		5. DATE OF BIRTH AMONTH 2 DAY		1915	6 AGE (IN YEAR		IF UNDER I YEAR	IF UNDER 24 HRS	
76 BIRTHPLACE (STATE OR	X4		USA					Allegany				
10 CITY OR TOWN OF DEATH Cumberland			LIE NOT IN SUC	G HOME OR OTHER INSTITUTION 1 & Medical Center			12a USUAL OCCUPATION (TARE OF WORK FOR MOSS OF WORKING LIFE) SALES CIERK RETAI					
130	MD MD	1136_COUN		GIVE RESIDENCE BEFORE Cum ber 1	٧ .	13d INSIDE (NO []	319 P	oress / zip co ulaski	St./21	502	
14 F.	Henry		AIDDLE	Arneld		Myr Myr	S MAIDEN NA		NDDLE	Amick	51	
	WAS DECEASED EVE YES NO OR UNKNOWN) NO		WED FORCES? WAR OR DATES)	208-07-1		Jose		Yutzy	ADDRESS - same			
10 CI Cui	PART I. DEATH	WAS CAUSEI IMMEDIAT	S BY (E CAUSE (a)	R AS A CONSEQUE	ra	Tery	Fa	ılıı	e	APPROX BETWEEN	amate interval Onset and Death	
	gave rise to immediate couse (a), stating the underlying couse last.		DUE TO, OR AS A CONSEQUENCE OF									
	PART 2 STHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
	190. DATE OF OPERATION		196 COND	196 CONDITION FOR WHICH OPERATION			N WAS PERFORMED		IN CERT		ES, WERE FINDINGS USED "IFYING CAUSES OF DEATH?" (ES \(\) NO \(\)	
	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.			Y YEAR	216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)							
MEDIC	21d. INJURY OCCU	(AT HOME STREET FACTORY, OFFICE FARM, ETC.) STREET					ITY OR TOWN	COUNTY	STATE			

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and c should be detached for use as the buriol-transit permit. Then please remove corbompopers. Pages with the State Dept. of Heolth and Mental Hygiene prior to buriol, cremotian, or removal. event, the injury, ar ather troumotic offending physicion PHYSICIAN. The 8 morked or ATTENDING ā etained by the haspital IMPORTANT: If hem 21 is O HOSPITAL BP

completely filled in by the funeral directors of and 2 should be filed within 72 hours of

perma

DHMH - 16 60M 7/B4 (VRA 15, 4)

S. Nathan, MD 230 BURIAL, CREMATION, REMOVAL

226. SIGNATURE

(SPECIFY)

NOT WHILE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

220 | certify that (this haspital) attended

sow the deceased alive on abave, (I) (we) (did not) view the easy after

Medical Bldg., Memorial Ave., 231 NAME OF CEMETERY OR CREMATORY

DEGREE

Hyndman

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Bedford

Burial Apr. 4. 1985 Madlev 24 FUNERAL DIRECTOR William G. Kight

236 DATE

Cem.

ATTENDING

APR 8 4

8

red on the date and have and from the causes stated

Memorial Hospital & Med. Cntr. Cumberland MD 21502

Engle Mira Aug. 21, 1915 for an arms.

Class Wash waste

learny Currentence x since 1 cc. 2135

and please want

hotel can page to be to be the sale of the

avois sa alias - vatu . 1930